



# CANDIA FIRE DEPARTMENT

11 Deerfield Road

Candia, NH 03034

Phone 603.483.2202 – Fax 603.483.2311



## Report Request Form

I am requesting the Candia Fire Department record(s) types as indicated below:

- INCIDENT REPORT.** Report created by the Officer in Charge that complies with the rules of the National Fire Incident Reporting System (NFIRS).
- FIRE INVESTIGATION REPORT.** Not all fires will have a Fire Investigation Report. Depending on the incident complexity and other factors a report may not be completed for weeks or months.
- PATIENT CARE REPORT.** A patient authorization form is required if the report contains confidential medical information and is requested by any party other than the patient or a court-ordered subpoena for records. A copy of the requestor/patient's photo ID must accompany these forms.

The information requested below must be completed in full. Requests without the required information will be returned to the sender. If you do not have the necessary incident information, you may contact the Candia Fire Department at 603-483-2202 or by email at [mkelley@townofcandia.org](mailto:mkelley@townofcandia.org).

Please note: All incident report requests are processed within fourteen (14) days of receipt. The department may require additional time to process requests and if so, an estimated time frame will be provided to the requestor.

**Please PRINT clearly:**

Requestor Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time (approx.): \_\_\_\_\_

Incident Address: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to [mkelley@townofcandia.org](mailto:mkelley@townofcandia.org) or by mail to:

Candia Fire Department  
Attn: Records Request  
74 High Street  
Candia, NH 03034

Patient Care Reports: Must include a copy of the requestor/patient's identification **AND** a completed Authorization for Release of Protected Health Information.

