



Beckwourth Fire District

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180 Main St. Beckwourth, CA

96129

Request for Report/Documents

Form 1050

Date of request: _____

Representative Requesting Report/Document(s): _____ Signature: _____

Name of Agency requesting information: _____

Address: _____ (city) _____, (state) _____, (zip) _____

Name of Patient: _____

Phone Number: _____ Fax Number: _____ E Mail: _____

Type of request:

Fire Report Incident Name: _____ Incident Number: _____

Date of Incident: _____

EMS Report Incident Name: _____ Incident Number: _____

Date of Incident: _____ HIPAA yes no

Vehicle Accident Incident Name: _____ Incident Number: _____

Date of Incident: _____ HIPAA yes no

Other Report/Document Incident/Document Name: _____ Incident Number: _____

Type of Incident/Document: _____

Date of Incident/Document: _____ HIPAA yes no

Fee: Request for Documents, per Copy see fee schedule

Additional Cost. _____

Total due: \$ _____

Beckwourth Fire District use only

Fees Paid: Yes No N/A

Request: Approved, Denied, If denied, explain, _____

Date Sent: _____

Means: In person, faxed, e mail Mail

FD representative Signature: _____ Date: _____

ISO Class 4 6

"The Beckwourth Fire District is committed to the protection of life and property, using as our model, safety,