



**CORSICANA FIRE DEPARTMENT
RECORDS REQUEST
200 N. 12th Street
Corsicana, TX 75110
Phone: 903-654-4956
Fax: 903-874-6167**

Date of Request:

Person requesting information: _____

Representing firm or company: _____

Mailing address: _____

Phone: _____ **Fax No.** _____

Email address: _____

Description of requested records (Please be specific): _____

Signature

APPROVAL FOR RELEASE OF RECORDS (To be completed by Corsicana Fire Department)

Routed to: _____ **Date received:** _____

Dept: _____

Action taken: _____

APPROVAL MUST BE GIVEN BEFORE RELEASE

_____ **Date** _____ **Date**

Please use this form to request records from the Corsicana Fire Department. Requests for fire, medical, or billing records are to be submitted to the Fire Department, Attn: Corsicana Fire Department. Every effort is made to expedite all requests for records; however, there are instances when the request of records may request further information as it pertains to the HIPAA rules. There is a charge for copies of public records. A copy of the City's fee schedule is available upon request.