

**PUBLIC RECORDS (APRA) REQUEST  
FIRE DEPARTMENT/EMS  
CITY OF SOUTH BEND**

<b>Name of Requesting Party:</b>			
<b>Address of Requesting Party:</b>		<b>City:</b>	<b>State:</b>
<b>Telephone:</b>	<b>Date of Request:</b>	<b>Time of Request:</b>	<b>Submitted (check one):</b> <input type="checkbox"/> In Person <input type="checkbox"/> Mail, Email or Facsimile
<b>Email of Requesting Party:</b>		<b>Signature of Requesting Party:</b>	
<b>Date of Incident:</b>	<b>Property Address:</b> (Required for Fire Incident, Fire Investigation, or Inspection Reports).		
<b>EMS Patient Name:</b>		<b>EMS Patient DOB:</b>	
<b>Records Requested. Use the back of form if additional space is needed.</b>			
___ Fire Incident Report		___ EMS Run Report*	
___ Fire Investigation Report		___ EMS Billing Report*	
___ Inspection Report		*Must be accompanied by a HIPAA Authorization if requesting party is not the patient.	
<b>OTHER (PLEASE BE SPECIFIC):</b> _____			
_____			
_____			
<b>Check one:</b> I request to <input type="checkbox"/> INSPECT or <input type="checkbox"/> BUY copies of the records requested.			
<b>Check one:</b> I request to receive my records by: <input type="checkbox"/> in-person pick-up; or <input type="checkbox"/> REGULAR MAIL; or <input type="checkbox"/> EMAIL; or <input type="checkbox"/> FAX			

**\*\*\* SUBMIT REQUESTS TO THE LEGAL DEPARTMENT ([apra@southbendin.gov](mailto:apra@southbendin.gov)) \*\*\***

**CITY OF SOUTH BEND USE ONLY**

<b>Request Received By:</b>	<b>Department:</b>	<b>Date and Time Received:</b>
<b>Acknowledged Receipt:</b> <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> In Person Acknowledgement Form		
<b>Department Comments:</b> _____		
<b>ATTORNEY DECISION</b>		
<b>INFORMATION IS DISCLOSABLE</b> _____		<b>INFORMATION IS NOT DISCLOSABLE</b> _____
<b>Attorney Comments and Instructions:</b> _____		
<b>Attorney Signature:</b> _____		<b>Date of Decision:</b> _____
<b>Letter sent (Date):</b>	<b>Decision Sent To:</b>	<b>Date:</b>
		<b>By:</b>
<b>Informed requesting Party that information is</b> _____ <b>DISCRETIONARY DISCLOSURE</b> or _____ <b>NON-DISCLOSABLE</b>		
<b>Date:</b>	<b>Signature:</b>	<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Email

