



# INCIDENT REPORT REQUEST

**MAPLE VALLEY FIRE AND LIFE SAFETY**  
**(King County Fire District #43)**  
**23775 SE 264<sup>th</sup> Street**  
**Maple Valley, WA 98038**  
**Phone # (425)432-0200 ~ Fax (425) 413-2040**

I authorize Maple Valley Fire and Life Safety to release to me the Incident Report concerning the following:

Incident # \_\_\_\_\_  
Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Party Involved: \_\_\_\_\_

\_\_\_\_\_  
Signature Mailing Address  
\_\_\_\_\_  
Phone Number (Day) City, State Zip Code  
\_\_\_\_\_  
Fax Number

I authorize Maple Valley Fire and Life Safety to release all medical information regarding the above incident. I am the party involved or the guardian of the party involved.

PLEASE NOTE: If you are requesting Medical Information and are unable to bring your picture ID to Maple Valley Fire and Life Safety, you will have your signature notarized in the space provided.

\_\_\_\_\_  
Signature (Notary Use This Space)

\_\_\_\_\_  
\_\_\_\_\_  
Witnessed by  
Date \_\_\_\_\_

Picture ID Checked: Yes  No