



INCIDENT REPORT REQUEST

MAPLE VALLEY FIRE AND LIFE SAFETY
(King County Fire District #43)
23775 SE 264th 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