

TRAVIS COUNTY ESD #2
Record Request Form

Instructions:

Please complete as much information as possible in the top section in order to identify the alarm, or information requested.

The Emergency Services District will respond to the request within ten working days. Fee for report copy is \$2.00. Make checks payable to: TCESD #2.

Mail or fax completed form to:

Travis County ESD #2
203 E. Pecan
Pflugerville, TX 78660
Phone: 512-251-2801, Fax: 512-990-1125

To be completed by person requesting information.
Complete as much information as available. Bolded information is required.

Date of incident: _____

Time of incident: _____

Location of incident: _____

Patient/Owner Name: _____

Description of other: _____

Type of information requested: (Circle one.) Fire Report / EMS Report / Public Information Request

Name of person requesting information: _____

Business name: _____

Address / Fax number to send information: _____

	Date	Initials
Request received:	_____	_____
Fees paid (If applicable):	_____	_____
Forwarded for approval:	_____	_____
Approved:	_____	_____
Information sent:	_____	_____