



ATHOL FIRE DEPARTMENT

2251 MAIN STREET
ATHOL, MA 01331
Office: (978) 249-8275
Fax: (978) 249-4200



Request for Ambulance Run Report Copy
Town of Athol Fire Department
Ambulance Service

_____ (Date)

I hereby request a copy of an ambulance run report for _____
(print patient name)

Patient Address: _____

Patient Date of Birth: _____

The incident occurred on: _____
(Date)

Information will be sent to:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Authorization is hereby granted to produce said copy.

Patient Signature

(Date)

Patient Health Care Proxy or Legal Representative

(Date)

Relationship to Patient

Witness Signature

(Date)