



FIRE DEPARTMENT – CITY OF NEW YORK
Public Records Unit / ACR Section
 9 MetroTech Center
 Brooklyn, New York 11201-3857
 (718) 999-1998 or 1999



Ambulance Call Report/ Prehospital Care Report Request Form

SECTION A CUSTOMER INFORMATION

Please print the required information below.

Name _____ Telephone Number _____
 Address _____
 State _____ Zip Code _____

Note: Please make sure you complete this form and attach all required documents. Enclose a check or money order made payable to the **NYC Fire Department** and a **stamped self-addressed envelope (with postage)**. Mail checks or money orders **directly** to the address and unit listed above. Only money orders or checks will be accepted for Requests (no exceptions). **DO NOT MAIL CASH.**

SECTION B PATIENT INFORMATION

Please carefully read the instructions below and print the required patient's information.

Name of Patient: _____
 Incident / Date: ____/____/____
 Incident / Time: ____:____ AM PM
 Incident / Location: _____
 Incident / Borough: _____
 Hospital taken to: _____

Is the patient a minor (please check only one box)? YES NO

Date of Birth: ____/____/____

Last 4 digits of Social Security Number: _____

If you have the ACR/PCR, please provide ACR/PCR number: _____

What is the requester's relationship to the patient (please check only one box below)?

Self / Patient Parent / Guardian Executor / Administrator of Estate Other _____

CUSTOMER – PLEASE READ AND SUBMIT THE REQUIRED ITEM(S) BELOW

- An original notarized letter from the patient authorizing the release of this information.
- Proof of parental status or guardianship, if the patient is a minor. Acceptable proof is a copy of the patient's birth certificate or a court document showing custody / guardianship.
- Proof that a court has appointed you executor or administrator of the patient's estate, if the patient is deceased (Letters testamentary or letters of administration).
- Payment in the form of a check or money order in the amount of \$1.50 for each report.