



Please fill out the form below to request a report from Newport Fire Department. If are the property owner or the occupant of the location where the incident occurred, there is no charge. Please be aware if you are an insurance company seeking this information, there is a \$15 fee for this report. You can send your check, report request and a current email address to: 245 NW 10th Street; Newport, OR 97365. Once we receive your information, we will email your report.

Newport Fire Department Customer Report Request & Waiver

| | |
|--|--------------------------|
| Person requesting report: | Phone: |
| Email address: | |
| Incident #: (if known) | Date of incident: |
| Incident Type: (i.e. fire, medical, etc.) | Incident Address: |
| Other information: | |

I/We, the undersigned, do authorize the release by the City of Newport, its agents, officers and employees, of any and all reports and records compiled and/or retained by the City, including information that may be protected from release by the Health Insurance Portability and Accountability Act (HIPPA), concern an incident(s) that occurred on or about _____[DATE]; and further, I/We agree to indemnify the City of Newport, its agents, officers and employees, from any and all claims of whatever nature arising directly or indirectly from the release of such reports and records.

I/We, by executing this document acknowledge that adequate time has been provided to consider same, and further acknowledge that the document was executed freely, knowingly and voluntarily in full and complete satisfaction and release of any and all claims against the City Of Newport.

Dated this _____ day of _____, 20__.

Printed Name

Signature

Printed Name

Signature