



RECORDS REQUESTS

Mt. Charleston Fire Protection District
4650 Kyle Canyon Road, Las Vegas, NV 89124
E-mail: mcfpdnv@clarkcountynv.gov

Incident: _____ Date of Request / Voice Mail: _____

Requested By: _____

Company: _____

Phone Number: _____ Fax Number: _____

Type of Incident:

Fire Vehicle Fire * Medical Other _____

Date of Incident: _____

Address or Intersection of Incident: _____

Vehicle Information (if applicable): _____

* Medical Report Request

Patient Last Name: _____ Patient First Name: _____

Patient Date of Birth: _____

Male Female

Purpose of Report Request: _____

Message:

COR Notes:
