

KING GEORGE COUNTY  
DEPARTMENT OF FIRE, RESCUE  
& EMERGENCY SERVICES

ADMINISTRATION  
8122 KINGS HWY.  
KING GEORGE, VA 22485

Telephone: (540) 775-8900  
Fax: (540) 775-9060

www.kinggeorgefirerescue.com



DAVID W. MOODY  
FIRE/RESCUE CHIEF  
dmood@co.kinggeorge.state.va.us

STEVEN D. BASHAM  
DEPUTY CHIEF  
Sbasham@co.kinggeorge.state.va.us

BOBBIJO PENNINGTON  
SENIOR ADMIN. ASSISTANT  
Bpennington@co.kinggeorge.state.va.us

## Request for Information

### SECTION 1 (Must be completed for all requests)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Information requested:      Fire Report      Medical Report      Other

Location of incident: \_\_\_\_\_

Nature of incident: \_\_\_\_\_ Date of incident (MM/DD/YY): \_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 2 (Must be completed for medical report requests)

Relationship to Patient: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is Patient Deceased:    Yes    No    Unknown    Date of Death: \_\_\_\_\_

Do you have one or more of the following medical release authorizations?

Power of Attorney;  Living Will;  Release from person when living;

Certification by Circuit Court as sole heir/executor

If not related to the patient, indicate agency or organization affiliation giving you authority or cause to obtain records: \_\_\_\_\_

Signature\*: \_\_\_\_\_ Time submitted: \_\_\_\_\_

\*All medical documentation must be picked up in person by the requesting individual, and picture identification must be presented at that time unless other previously approved arrangements have been made.