



Fire-Rescue Services Open Records Request Form

Page 1 of 2

Updated **MAY 2023**

NOTICE TO REQUESTER

All requests for reports must be submitted in writing. Fire report requests must include the date and address of the incident; PCR reports must include the patient's name. Any other report or record request must be specific in nature. The requested report, record, summary, or compilation must be in existence at the time of the request per O.C.G.A.50.18.70(d). Please note that reports may not be available at your local fire station; Fire-Rescue Headquarters located at 1093 S. Rogers Street, Pooler, GA 31322 is the only location authorized to perform this function. **Requests for reports will not be taken verbally over the phone, nor will employees disseminate information contained in a report over the phone.**

While requesters are encouraged to use this form, it is not mandatory. Any form of written correspondence (letter, subpoena, e-mail, etc.) is sufficient. Fire-Rescue Services will be in contact to advise if the requested information exists and, if available, whether it may or may not be released, in addition to any fees that may be assessed. Persons other than the property owner or renter will be subject to a replication fee of 10 cents per page copied with a research fee equal to the hourly rate of the lowest paid person qualified to research the request after the first quarter hour per O.C.G.A.50.18.71. (c)(d). Reports will only be released upon receipt of payment. By mail, only checks/money orders made payable to the City of Pooler Fire-Rescue Services will be accepted and shall be sent to the attention of the Records Custodian at the above address. In person, checks and cash will be accepted at the above address. We are unable to bill or accept credit/debit payments at this time.

Fire and/or EMS report requests may be submitted via e-mail to the Departmental Custodian of Records sweston@pooler-ga.gov. If the report is to be mailed, a self-addressed stamped envelope must be provided with the replication fee. Fire reports from prior to November 1, 1994 will be charged a research fee.

Records requested under Georgia Code 9-11-34 (a) may be faxed or otherwise provided to the Pooler City Attorney's Office for review prior to release.

Per O.C.G.A.50-18-72 (a)(2), access to files that would constitute an invasion of personal privacy, including medical or similar records, will be refused absent a showing of entitlement to the records (criteria listed below). Pooler Fire-Rescue recognizes the information on a PCR Report as a medical record subject to protection on the basis of privacy interest. To obtain replication of a PCR, one of the following criteria must be met along with meeting the criteria for a fire report:

1. Request by patient (picture ID required); or
2. Request by next of kin, if patient is deceased (picture ID and notarized copy of death certificate required); or
3. Request by individual possessing patient's Power of Attorney (picture ID required and notarized copy of Power of Attorney required); or
4. Request by parent or legal guardian if patient is a minor or incapacitated (picture ID and proof of relationship required); or
5. Request by attorney upon presentation of notarized medical authorization for release from patient; or
6. Presentation of valid subpoena for production of evidence or court order issued by a court of competent jurisdiction; or
7. Unobjected to Request for the Production of Documents in a filed civil action (lawsuit); or
8. Request by a Law Enforcement Agency pursuant to an official criminal investigation (signed warrant or subpoena required).



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Page 2 of 2

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OFFICE USE ONLY

Name of Employee Releasing Reports: _____

Incident Number: _____ Fee Collected: _____ Cash Check

Requester Name

Today's Date

Requester Email

Requester Phone

Requester Address

Incident Address

Incident Date

Requester Is (check one or more): Victim Owner Next of Kin
 Attorney Witness Insurance Representative
 Media Other (explain) _____

Report(s) Requested (check one): Fire/Incident EMS/Patient Care
 Other (explain) _____

I agree to pay any copying and/or administrative costs incurred in fulfilling my requests to the extent permitted by Georgia law. Such costs may include copying charges of \$.10 per page and administrative charges for search, retrieval, redaction, and other direct costs, such administrative charges not to exceed the salary of the lowest paid full-time employee who, in the discretion of the custodian of the records, has the necessary skill and training to perform the request. (The requester is not charged for the first fifteen minutes of time.)

Print Name

Signature

Date