



TOWN OF HUDSON – FIRE DEPARTMENT

15 Library Street • Hudson, New Hampshire 03051 • Tel: 603-886-6021 • Fax: 603-594-1164

Request for Incident Copy

Date: _____

I am requesting a copy of an incident which occurred on _____,
at the location of _____,
relative to _____.

I understand that I am not entitled to medical information that pertains to other patients without
prior written consent.

Name: _____

Address: _____

Phone: _____

Signature: _____

Approved by: _____

Incident #: _____

Released by: _____

Date: _____

Reports Released:

