



**TOWN OF HUDSON**  
**FIRE DEPARTMENT**  
**39 FERRY STREET**  
**HUDSON, NEW HAMPSHIRE 03051**



Emergency 911  
 Business 886-6021  
 Fax 594-1164

Shawn P. Murray  
 Chief of Department

**Request for Incident Copy**

Date: \_\_\_\_\_

I am requesting a copy of Incident File Number \_\_\_\_\_  
 occurring on \_\_\_\_\_ relative to \_\_\_\_\_. I  
 understand that I am not entitled to medical information that pertains to other patients  
 without prior written consent.

Signature: \_\_\_\_\_

Agency Requested: \_\_\_\_\_

Approved by: \_\_\_\_\_