

# APPLICATION FOR EMS REPORT

CITY OF PHILADELPHIA  
DEPARTMENT OF RECORDS

*PLEASE DO NOT SUBMIT AN APPLICATION WITH INSUFFICIENT OR INCORRECT INFORMATION; IT MAY RESULT IN "NO RECORDS FOUND"*

— PLEASE PRINT —

NAME OF APPLICANT REQUESTING REPORT

APPLICATION DATE

## COMPLETE THIS BLOCK FOR EMS REPORT:

DATE OF SERVICE

TIME

NAME OF PATIENT

LOCATION OF INCIDENT (EXACT STREET LOCATION WHERE INCIDENT OCCURRED)

**FEE FOR SEARCH AND / OR COPY ---\$6.50 (NON-REFUNDABLE)  
ALL INQUIRIES AFTER SUBMISSION, CALL EMS (215) 685-4205 AND REFER TO APPLICATION NUMBER ON FORM.**

**IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM CONTACT THE ADA COORDINATOR AT (215) 686-2266**



REPORT TO BE MAILED TO:

TELEPHONE NUMBER OF APPLICANT

82-311 C Int. (Rev. 4/2021)

CITY OF PHILADELPHIA DEPARTMENT OF RECORDS

## APPLICATION FOR EMS REPORT

### REQUEST MUST HAVE DATE AND LOCATION OF EMS INCIDENT

REQUESTS FOR EMS REPORTS REQUIRE A COMPLETED AND SIGNED "AUTHORIZATION FOR RELEASE OF PA EMS REPORT" FORM; IT MUST BE NOTARIZED IF ORDERED VIA U.S. MAIL OR IF APPLIED FOR IN PERSON BY ANYONE OTHER THAN THE PATIENT

ADDITIONAL DOCUMENTS SUCH AS "POWER OF ATTORNEY", "LETTERS OF ADMINISTRATION",  
OR "DEATH CERTIFICATE" MAY BE REQUIRED IF APPLICABLE

AUTHORIZATION FORM IS AVAILABLE AT: [WWW.PHILA.GOV/RECORDS](http://WWW.PHILA.GOV/RECORDS) GO TO POLICE/FIRE RECORDS UNIT CLICK  
EMERGENCY MEDICAL SERVICES (EMS) (form 82-311 C Int.)

SUBMIT APPLICATIONS TO:  
DEPARTMENT OF RECORDS  
ROOM 170, CITY HALL  
PHILADELPHIA, PA 19107

FOR INQUIRIES AFTER SUBMISSION CALL PHILA EMS (215) 685-4205

**TO EXPEDITE SERVICE, PLEASE SEND 2 SELF-ADDRESSED, STAMPED ENVELOPES.  
MAKE BUSINESS CHECKS OR MONEY ORDER PAYABLE TO "CITY OF PHILADELPHIA".**

**\$6.50 FEE IS NON-REFUNDABLE**

**PLEASE ALLOW 6-8 WEEKS TO RECEIVE COPY OR NOTICE OF "NO RECORDS FOUND".**