

Western Cass Fire Protection District
PI, PII, and/or PHI Request or Complaint
(attach an additional page[s] if necessary)

Print Your Full Legal Name (required)

Mailing Address*

Telephone Number*

Email Address*

*At least one contact method is required

I hereby request access to my:

Personal Information (PI)

Personally Identifiable Information (PII)

Protected Health Information (PHI)

So that I may:

Inspect

Copy

Amend/Change

Receive accounting of disclosure

Restrict District's use and/or disclose

Ask to receive PI, PII, and/or PHI communications by alternate means or location

File a complaint of privacy violation:

Any Remedy sought (change; restriction; alternate means or location; resolution of complaint):

Resolution (left blank for District to complete):

PI, PII, and/or
PHI Owner's

Signature: _____ Date: ____/____/____

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DO NOT PRINT THIS PAGE

REVISION HISTORY

Revision Date	Author	Revision Details
March 21, 2022	Monte Olsen	Initial version