



**THE CITY OF PEORIA FIRE-MEDICAL DEPARTMENT
REQUEST FOR FIRE INCIDENT REPORT**

Request for Public Records (A.R.S. Title 39)

Incident Reports will be provided to any individual(s) involved in the incident at no charge. Others may purchase records at a cost of \$10.00 per report if requested within 30 days of the fire incident, \$20.00 per report if request is made 30 or more days after incident.

Medical records will be released only to the person who has been treated by the Peoria Fire-Medical Department or legal guardian if the person is a minor. All third party requests require signed written authorization which is compliant with HIPAA regulations.

Requestor's Information

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

Incident Information: (please complete as much as possible)

Incident Number: _____ Date of Incident: _____

Address of Incident _____

Type of Incident: _____

Report(s) to be: * Mailed Picked-up

* Documents can be mailed if a self-addressed stamped envelope is included with this form.

Check whether or not you are using the public record for a commercial or non-commercial purpose. Commercial Non-Commercial

A.R.S. 39-121.030- Commercial purpose includes any use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or the obtaining of names and addresses from public records to another for the purpose of solicitation or for any purpose where the purchaser can reasonably anticipate the receipt of monetary gain from direct or indirect use of the record. When a person requests copies of City records for commercial purposes, a statement setting forth the commercial purpose for which the copies will be used must be provided. Commercial Purpose Statement _____

Please return this form along with your payment to:

PEORIA FIRE-MEDICAL DEPARTMENT
ATTN: RECORDS REQUEST
8351 WEST CINNABAR
PEORIA, AZ 85345

Payment must be included with this request form. Checks payable to the "CITY OF PEORIA"

PLEASE NOTE: Public records are in various locations within the City. The City requests that a reasonable amount of time be expected for responding to any request to copy or inspect City records. The City may require additional time to process more difficult requests and if so, an estimated time frame will be provided to the requestor.

Signature _____ Date _____

FOR DEPARTMENT USE

Date Received _____ Amount Received _____ Processed Date _____ Processed By (initials) _____