



**THE CITY OF PEORIA FIRE-MEDICAL DEPARTMENT
REQUEST FOR EMS INCIDENT REPORT
Request for Public Records (A.R.S. Title 39)**

Emergency Medical Incident Reports cost **\$10.00 per incident** if requested within 30 days of the incident, **\$20.00 per incident** after 30 days. **No charge to a Patient requesting their own report.** Make checks payable to the “**CITY OF PEORIA.**”

REQUESTERS NAME/BUSINESS _____

PATIENT NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

Incident Number: _____ Date of Incident: _____

Address of Incident _____

Type of Incident: _____

Report(s) to be: * Mailed

Picked-up

Please return this form along with your payment to:

PEORIA FIRE DEPARTMENT
8351 W. CINNABAR AVE
PEORIA, AZ 85345

ATTN: EMS INCIDENT REPORTS CLERK

*Documents can be mailed if a stamped self-addressed envelope is mailed to us.

FIRE DEPARTMENT USE
Amount Received: _____
Receipt Number: _____
Initials: _____
Date: _____

Patient or Guardian Signature (ONLY) _____ **Date** _____