

THE CITY OF PEORIA FIRE DEPARTMENT



REQUEST FOR EMS INCIDENT REPORT
Request for Public Records (A.R.S. Title 39)

Fire Incident Reports cost **\$10.00 per incident** first 30 days, **\$20.00 per incident** after 30 days. Checks must be made payable to the "CITY OF PEORIA."

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

Date