

# PUBLIC RECORDS REQUEST FORM

Ticket #: \_\_\_\_\_

# of Pages: \_\_\_\_\_

## City of Phoenix Phoenix Fire Department

150 S 12th Street, Phoenix AZ 85034

Fax (602) 732-2116

Email: [public.records.pfd@phoenix.gov](mailto:public.records.pfd@phoenix.gov)

**Please provide complete information. Any missing information may result in a delayed response to your request.**

**A separate form is required for each request.**

Date:  Document Order/Transaction #:

Requested by:

Requestor's Company:

Requestor's Address, City, St. & Zip:

Requestor's Phone:  Requestor's Fax:

Email Address:

Reason for Request:

### Items Requested:

- Medical/Ambulance Records     Itemized Billing Statement    Was Patient Transported by Ambulance?    Yes     No
- Fire Incident History     Other:

*Pursuant to State and Federal Law, additional authorizations and information are required for the request and release of medical records. See requirements at <https://www.phoenix.gov/fire/services/records-request-forms>*

Patient Name:  DOB:

Fire Incident Number (8 Digits)  Time of Incident:

Date of Incident:  Date Range:

Incident Location (Address or Cross Streets)

Notes: