

# 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

Was Patient Transported by Ambulance? Yes ☐ No ☐

☐ Itemized Billing Statement

Audio Refusal of Transportation (if available)

☐ Fire Incident History

☐ Other:

***Pursuant to State and Federal Law, additional authorizations and information is 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  Time of Incident:   
(8 Digits)

Date of Incident:  Date Range:

Incident Location  
(Address or Cross Streets)

Notes: