



Fire Department

8401 E. Indian School Road
Scottsdale, AZ 85251

PHONE 480-312-1999

WEB www.Scottsdalefd.com

PUBLIC RECORDS REQUEST INFORMATION AND INSTRUCTION SHEET

Instructions:

1. Complete this form, providing as much information as possible. Listed below are specific instructions that need to be followed when submitting a records request:
 - If the records request is a fire service activity history search no range of addresses will be accepted. Each address being requested must be listed separately on the form.
 - The release of medical records is governed by the Health Insurance Portability and Accountability Act (HIPAA). In order to fill a records request for Emergency Medical Services (EMS) information, one or more of the following criteria must be met:
 - The patient is 18 years of age or older with one of the following:
 - Requestor is the patient and has an original or a copy of a photo ID.
 - Requestor has notarized authorization and a copy of a photo ID from the patient.
 - Requestor has a notarized power of attorney for the patient.
 - If the patient is under 18 years of age, one of the following is required:
 - Requestor has an original or notarized copy of the patient's birth certificate.
 - Requestor has an original or notarized copy showing Court appointed guardianship of the patient.
 - Requestor has an original or notarized copy of the patient's birth certificate or Court appointed guardianship papers and a notarized letter stating that the parents or guardian allow the requestor to have the information.
2. Submit the records request form with payment to:
 - City of Scottsdale Fire Department
Attn: Records Custodian
8401 E Indian School Road
Scottsdale, Arizona 85251
 - Payment must accompany this request or it will be returned.
3. Record requests will be accepted from walk-ins but will not be available at that time.
4. Record requests may be mailed to you or picked up when ready.

Cost:

Operations Incident Report	\$10.00
EMS Encounter Report	\$10.00
Fire Scene Investigation Report	\$10.00
Fire Scene Photos on CD	\$15.00
Fire Service Activity History Search	\$10.00 (per location)
Other Requests (Per City Clerk Fee Schedule)	\$.25 per page



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CITY OF SCOTTSDALE PUBLIC RECORDS INSPECTION AND COPY REQUEST FORM

Instructions:

- 1) Complete this form, providing as much information as possible. Failure to do so may delay processing.
- 2) If the report is not available at the time of your request, it will be mailed to you when it becomes available.

Hours of Operation: Monday - Friday, 8:00 am - 6:00 pm (Closed Saturday/Sunday/City Holidays)

Emergency Medical Services (EMS) patient encounter form (\$10.00)
 Operations report-EMS (\$10.00)
 Fire Investigation (\$10.00)
 Operations report-Fire (\$10.00)
 CD of Fire Investigation Photos (\$15.00)

Date of incident: _____ Time of incident (if known): _____

Address of incident: _____

Incident # (if known): _____

EMS Only: Patient
Name (first and last): _____

Fire Service Activity History Search

Address(es): _____

Other (please describe in detail):

Requesting party information (please print):

Mailing address if different (please print):

Name (first and last)

Name (first and last)

Street Address

Street Address

City State Zip

City State Zip

Work phone Home phone

Please mail report
Please call when ready for pickup

I hereby certify that the requested records will not be used for commercial purposes.

Signature Date

Received By: _____ Processed By: _____

Date: _____ Date: _____

Cash ___ Check ___ Check# _____ Mailed By: _____ Date: _____