



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

Incident Reports are provided free of charge to any individual(s) involved in the incident. Others may purchase the records at a cost of **\$10.00 per report** if request is made within the first 30 days after the incident, **\$20.00 per report** if request is made 30 or more days post incident.

Medical records will be released only to the person who has been treated by the Peoria Fire Department or legal guardian if the person is a minor. All third party requests require signed written authorization which is compliant with HIPAA regulations.

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

Incident Number: _____ Date of Incident: _____

Address of Incident _____

Type of Incident: _____

Report(s) to be: * Mailed _____ Picked-up _____

Indicate whether or not you are using the public record for a commercial or non-commercial purpose. Commercial _____ Non-Commercial _____

***A.R.S. 39-121.03D- Commercial purpose includes any use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or the obtaining of names and addresses from public records to another for the purpose of solicitation or for any purpose where the purchaser can reasonably anticipate the receipt of monetary gain from direct or indirect use of the record. When a person requests copies of City records for commercial purposes, a statement setting forth the commercial purpose for which the copies will be used must be provided.**

Commercial Purpose Statement _____

Please return this form along with your payment to:

PEORIA FIRE DEPARTMENT
ATTN: INCIDENT REPORTS CLERK
8351 W. CINNABAR AVE
PEORIA, AZ 85345

Checks must be made payable to the **“CITY OF PEORIA.”**

* Documents can be mailed if a stamped self-addressed envelope is sent with this form.

PLEASE NOTE: Public records are in various locations within the City. The City requests that a reasonable amount of time be expected for responding to any request to copy or inspect City records. The City may require additional time to process more difficult requests and if so, an estimated time frame will be provided to the requestor.

Signature _____ Date _____

FIRE DEPARTMENT USE

Amount Received _____
Receipt Number _____
Initials _____ Date _____

