

TUCSON FIRE DEPARTMENT ~ RECORD REQUEST FORM

Processing Time: Allow Approximately 15 Business Days

Request in person:

Tucson Fire Department
300 S. Fire Central Pl.
Tucson, AZ 85701

Request by fax or email:

Tucson Fire Department
Attn: Custodian of Records
(520) 791-3231 - Fax
TFDRecords@tucsonaz.gov

Request by mail:

Tucson Fire Department
Attn: Custodian of Records
300 S. Fire Central Pl.
Tucson, AZ 85701

Requestor Information: Is this records request for a commercial purpose? Yes or No (check one)

Date of Request: _____ Reason for Request: _____

Requestor Name: _____ Requestor Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Requestor Signature: _____ Phone No: () _____

Special Note for Medical Record Request (i.e. ANY unredacted record that contains a patient's protected health information):

Patients requesting medical records must provide proof of identification (government issued photo I.D.). Third parties requesting a patient's medical record must attach one of the following to this Records Request Form: (1) a notarized HIPAA-compliant release (see 45 C.F.R. § 164.508 for federally required contents of release) signed by the patient; or (2) a court order signed by a judge authorizing release (45 C.F.R. § 164.512). A subpoena without a HIPAA-compliant release or court order is not sufficient. Questions: Call (520)791-4512 or email TFDRecords@tucsonaz.gov. In order to protect patient privacy, TFD does not email reports that contain a patient's protected health information.

Fire Report: Advance Payment Required: \$5 up to 15 pages and .25 per additional page

Date of Incident: _____ Time of Incident: _____

Incident Address: _____

Car Fires Only:

Car Make: _____ Car Model: _____ Model Year: _____

Medical Report: Advance Payment Required: \$5 up to 15 pages and .25 per additional page

Information Requested: Medical Report Bill* Both

Name of Patient: _____

Date of Incident: _____ Time of Incident: _____

Incident Address: _____

*TFD cannot provide bills for services rendered prior to January 1, 2008.

9-1-1 Tapes/CDS: Advance Payment Required: \$10 for 911 Tapes/CDS

CD Time Stamped Mode: Regular Mode: (check one)

Date of Incident: _____ Time of Incident: _____

Incident Address: _____

~ TFD Use Only ~

Date Received _____	Paid Amount _____	Pymt Rec'd By: _____
Date Paid: _____	Circle One: Cash or Check _____	Receipt No.: _____
Identification Type/Number: _____	Exp. Date: _____	Verified by: _____
Incident Number: _____	Report Retrieved By: _____	Date: _____
Bill Run Number: _____	Bill Retrieved By: _____	Date: _____