

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

Medical, Ambulance &/or Fire Records Request Form

Please provide complete information.
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:

Requestor's Email:

Reason for Request:

Items Requested:

Medical/Ambo Records Itemized Billing Statement Fire Incident History

Was Patient Transported by Ambulance? Yes No

Patient Name: DOB:

Due to HIPAA laws additional information is required when requesting medical records.

Fire Incident Num (8 digits): Time of Incident:

Date of Incident: Date Range:

Incident Location
(address or cross streets):

Disclaimer: The City of Phoenix, a municipal corporation, it's agents and employees have provided the most complete information or documents available and assume no liability for incomplete or inaccurate documents or information.

Notes: