

GOLDER RANCH FIRE DISTRICT ~ RECORD REQUEST FORM

Processing Time: Please Allow Approximately 10 Business Days

Request in person:

Golder Ranch Fire District
3885 E. Golder Ranch Drive
Attn: Custodian of Records
Tucson, AZ 85739

Request by fax or email:

Golder Ranch Fire District
Attn: Custodian of Records
(520) 825-5984 - Fax
sortiz@grfdaz.gov

Request by mail:

Golder Ranch Fire District
Attn: Custodian of Records
3885 E. Golder Ranch Drive
Tucson, AZ 85739

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 (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, per 45 C.F.R. §164.508 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. For questions call: (520) 825-9001 or email: bpainter@grfdaz.gov.

Fire Report:

Date of Incident: _____ Time of Incident: _____

Incident Address: _____

Car Fires Only:

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

Medical Report:

Information Requested: **Medical Report** **Bill** **Both**

Name of Patient: _____

Date of Incident: _____ Patient Date of Birth: _____ Patient Social Security Number: _____

Document Type Requested: Paper Copy Certified Copy Electronic Copy Records Inspection
(In Person ARS 39-121)

Please notify me to pick up this record in person

I am requesting this information be sent by mail
(additional fees may apply)

~ GRFD Use Only ~

| | | |
|-----------------------------|----------------------------|----------------------|
| Date Received: _____ | Paid Amount: _____ | Pymt Rec'd By: _____ |
| Date Paid: _____ | Circle One: Cash or Check | Invoice No.: _____ |
| Incident Number: _____ | Report Retrieved By: _____ | Date: _____ |
| Date Report Released: _____ | Bill Retrieved By: _____ | Date: _____ |