GOLDER RANCH FIRE DISTRICT~ RECORD REQUEST FORM

Processing Time: Please Allow Approximately 10 Business Days

Request in person:	**Request by fax or email:**	**Request by mail:**
Golder Ranch Fire District 3885 E. Golder Ranch Drive Attn: Custodian of Records Tucson, AZ 85739	Golder Ranch Fire District Custodian of Records (520) 825-5984– Fax sortiz@grfdaz.gov	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)

A.R.S. 39-121.03 D. For the purpose of this section, "commercial purpose" means the use of a public record for the purpose of sale or resale 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 for the purpose of solicitation or the sale of names and addresses to another for the purpose of solicitation or for any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of the public record. Commercial purpose does not mean the use of a public record as evidence or as research for evident in an action in any judicial or quasi-judicial body.

Date of Request: _____ Reason for Request: _____

Requestor Name: _____ Requestor Address: _____

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

Requestor Signature: _____ Phone No: _____

Environmental Report:

Property Address: _____

Information Requested: _____

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

Patient's Name: _____ Date of Incident: _____

Incident Address: _____

Special Note for Medical Record Request (ANY un-redacted 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) 825-5943 or email: sortiz@grfdaz.gov.

Document Type Requested: ◯ Paper Copy (.25 cents/page) ◯ Certified Copy (.25 cents/page) ◯ Electronic Copy No fee ◯ Records Inspection (In Person A.R.S. 39-121)

◯ Please notify me to pick up this record in person ◯ I am requesting this information be sent by mail (.25 cents/page plus postage)

Revised 5/12/2016