## GOLDER RANCH FIRE DISTRICT~ RECORDS 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 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 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 Add	lress:		
City: State:	Zip Code:	_Email: _		
Environmental Report/Fire Code Violation Inquiry:				
Property Address:				
Information Requested:				
Fire Report:				
Date of Incident:	Time of Incident:			
Incident Address:				
Medical Report:				
Information Requested:	Medical Report	Bill	Both	
Patient's Name:		D	ate of Incident:	
Incident Address:				
City/Town:	Zip Code:			
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.				
Other:				
Information Requested:				

**Document Type Requested:** 

Paper Copy (.25 cents/page)

Emailed Copy Fees May Apply CD \$10.00 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 per page or cost of cd plus postage)