

# GOLDER RANCH FIRE DISTRICT~ RECORDS REQUEST FORM

Processing Time: Please Allow Approximately 10 Business Days

**Request in person or mail:**

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  
records@grfdaz.gov

**Request records inspection:**

Call 520-825-5943  
to speak to the Records  
Specialist to schedule a time  
to inspect records. A.R.S. 39-121

**Document Type Requested:**

Paper Copy .25 cents/page  
Emailed Copy No charge  
Flash Drive \$5.00

Notify me to pick up this record

Send by mail (cost of records plus postage)

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

Fees for commercial records requests include market value of the records, time to retrieve/compile the records & records per page fee.

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 (Please print legibly) : \_\_\_\_\_

Requestor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Environmental Report/Fire Code Violation Inquiry:**

Property Address: \_\_\_\_\_

Information Requested: \_\_\_\_\_

**Fire Report: Due to their size, fire reports cannot be emailed.**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Incident Address: \_\_\_\_\_

**Medical Report:**

Information Requested:                      Medical Report                      Bill                      Both

Patient's Name: \_\_\_\_\_ Date 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: \_\_\_\_\_