



LAKE HAVASU CITY FIRE DEPARTMENT FIRE RECORDS REQUEST

<i>Notice of Receipt</i>	
DATE RECEIVED:	STAFF INITIALS:
<i>For Internal Use Only</i>	
REQUEST NO.:	_____
DATE COMPLETED:	_____
REPORT PICKED UP	Y N

2330 McCulloch Boulevard N. | Lake Havasu City, AZ 86403-5950 | Phone (928) 855-1141 | www.lhcaz.gov

RECORDS REQUEST

REQUESTOR NAME: _____ BUSINESS NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

I am requesting the following:

- | | |
|---|---|
| Emergency Medical Service (EMS) Report (complete back side) | Hazardous Material Incident(s) |
| Fire Incident Report | Inspection Records for Past Three (3) Years |
| Fire Investigation Report | Permits |
| Fire Investigation Photos on CD | |
| Other: (please describe) _____ | |

Will the record be used in litigation against the United States? Yes No

Will the record be used for commercial purposes? Yes No

REQUEST DETAILS

Date of Incident: _____ Time of Incident: _____ Incident #: _____

Location of Incident: _____ Patient's Name: _____
(EMS Only)

Will the record be used in a claim against the United States? YES NO

DISCLAIMER

Lake Havasu City, including its departments, agencies, boards, commissions, officers, officials, agents, volunteers, and employees, does not warrant and shall not be responsible or liable for any loss, consequence, or damage resulting directly or indirectly from reliance upon the accuracy, reliability, or timeliness of any record provided pursuant to this request. Any person or entity relying upon record provided pursuant to this request does so at the person's or entity's own risk and assumes the responsibility of verifying any information used or relied upon. Lake Havasu City is not required to create records to satisfy a request and requestors only have the right to receive records that are already in existence and in the format in which they are currently kept.

PLEASE INDICATE YOU HAVE READ THE DATE:
DISCLAIMER ABOVE BY CHECKING THIS BOX:

EMS REQUESTS ONLY

Completion of this document authorizes Lake Havasu City to disclose and release personally identifiable health information as set forth below, consistent with Arizona Revised Statutes §§ 12-2291, 12-2292, 12-2293, 12-2294 and Federal law concerning the privacy of such information.

I, the undersigned, hereby authorize Lake Havasu City to release to the above, the requested medical reports relating to the pre-hospital care received.

Signed this _____ day of _____, 20_____.

Signature of Patient or Patient's Health Care Decision Maker

Print Name

If signed by the patient's Health Care Decision Maker, describe your authority to sign on behalf of the individual and provide documentation supporting described authority:

State of _____)
County of _____)

Acknowledged before me this _____ day of _____, 20_____.

(notary seal)

NOTARY PUBLIC SIGNATURE

FOR OFFICE USE ONLY

REQUEST COMPLETED BY: _____ DATE: _____

REQUEST APPROVED BY: _____ DATE: _____

DELIVERED VIA: MAIL FAX PICK-UP OTHER: _____

COMMENTS: No record found based on the information provided. The following record was provided: