



Lake Havasu City Fire Department
Fire Prevention Bureau
2330 McCulloch Blvd. N.
Lake Havasu City, AZ 86403
Phone: (928) 453.3313 Fax: (928) 453.3312

Request for Records

Date: _____ Request Received by: _____

Requester: _____

Business Name: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Fire Incident Report DR#: _____ Date: _____

Fire Investigation Report DR#: _____ Date: _____

Address where incident occurred: _____

Environmental/File Research (\$60 per hour, 1 hour minimum) Check all that apply:

Records research for: Lot: _____ Block: _____ Tract: _____

Address: _____

- Hazardous material incident(s)
- Inspection records for past three years
- Permits
- Other: _____

To request a medical report: LHCFD Authorization for Release of Medical Information (Form FD-014) must be completed in its entirety by the patient, notarized and received by Fire Administration prior to disbursing of any medical reports. Contact Fire Administration at 928.855.1141 for forms.

Release completed by: _____ Date: _____

Request approved by: _____ Date: _____

Information delivered via: Mail Fax In person Other _____

Investigation/Incident report base fee for first three pages is \$10.00. Additional pages 50¢ per page.

Total number of pages: _____ Fax, additional 50¢ per page: _____

Base fee \$10 plus _____ pages @ 50¢ per page Photo CD, \$10 each: _____

Postage: _____ File Research, \$60 per hour: _____

Total cost: _____ Cash Credit card Check # _____

Forward original authorization to Fire Marshal