



LAKE HAVASU CITY FIRE DEPARTMENT FIRE RECORDS REQUEST

Notice of Receipt

DATE RECEIVED: STAFF INITIALS:

For Internal Use Only

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
DISCLAIMER ABOVE BY CHECKING THIS BOX:

DATE:

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
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Print Name

State of _____)
County of _____)

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

NOTARY PUBLIC SIGNATURE

FOR OFFICE USE ONLY

DATE:

DATE:

DELIVERED VIA: MAIL FAX PICK-UP OTHER:

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