ORACLE FIRE DISTRICT~ RECORDS REQUEST FORM

Request in person or mail:

Oracle Fire District
1475 W American Ave.
PO Box 977
Oracle, AZ 85623

Request by fax or email:

Oracle Fire District
Custodian of Records
(520) 896-2749 – Fax
tacosta@oraclefire.org

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 (Please print legibly) : _____

Requestor Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Requestor Signature: _____ Phone No: _____

Due to sensitive information, reports will NOT be emailed: ☐ I would like to pick up the report in person

☐ I am requesting this information be sent by mail ☐ Please fax the report to:_____

Fire Report:

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: _____