



**PUBLIC RECORD REQUEST  
FEES & INFORMATION INSTRUCTION SHEET**

**Instructions:**

Complete the request for records form by providing as much information as possible. Listed below are specific instructions that need to be followed when requesting records:

- If the record request is a fire service activity history search, no range of addresses will be accepted. Each address being requested must be listed separately on a separate form. *Please note, we do not research by parcel numbers or lot locations.*
- The release of a medical record is governed by the Health Insurance Portability and Accountability Act (HIPAA). All third party requests require written authorization. In order to fill a records request for Emergency Medical Services (EMS) information, one or more of the following criteria must be met:

**The patient is 18 years of age or older with one of the following:**

- Requestor is the patient and has an original or a copy of a photo ID.
- Requestor has notarized authorization and a copy of a photo ID from the patient.
- Requestor has a notarized power of attorney for the patient.
- A signed medical release form (signed by client or guardian) must accompany a written request by an attorney.

**If the patient is under 18 years of age, one of the following is required:**

- Requestor has an original or notarized copy of the patient's birth certificate.
- Requestor has an original or notarized copy showing Court appointed guardianship of the patient.
- Requestor has an original or notarized copy of the patient's birth certificate or Court appointed guardianship papers and a notarized letter stating that the parents or guardian allow the requestor to have the information.

**Submit the record request:**

Surprise Fire-Medical Department  
Attn: Records Custodian  
14250 W. Statler Plaza Ste. 101  
Surprise, Arizona 85374  
[fire@surpriseaz.gov](mailto:fire@surpriseaz.gov)

**Mail & Walk-in payment:**

City of Surprise  
Attn: Cashier/Revenue Division  
16000 N. Civic Center Plaza  
Surprise, Arizona 85374

*Prior to release of records in Fire-Medical, payment must be submitted:*

**\$ FEES for Records:**

<b>Reports</b>	<b>Photos</b>
\$5.00.....9 pages or less	\$20.00.....Provided on CD
\$10.00.....10-19 pages	
\$15.00.....20-29 pages	
\$25.00.....30-49 pages	
\$35.00.....50-100 pages	
\$0.15.....per page over 100 pages	

**PLEASE NOTE:** Record request form will be accepted from walk-ins, but will not be available for release at that time.



Fire-Medical Department  
 14250 W. Statler Plaza Ste. 101  
 Surprise, AZ 85374  
 Direct: 623.222.5000  
 Fax: 623.222.5001  
 Email: fire@surpriseaz.gov



REQUEST DATE: \_\_\_\_\_

REQUEST FOR PUBLIC RECORDS  
 (A.R.S. Title 39)

NAME OF REQUESTOR: \_\_\_\_\_

BUSINESS/AGENCY NAME: (if applicable) \_\_\_\_\_

PHYSICAL ADDRESS/CITY/STATE/ZIP (NO P.O. BOX): \_\_\_\_\_

PHONE#: \_\_\_\_\_

ALTERNATE#: \_\_\_\_\_

FAX#: \_\_\_\_\_

Indicate whether you are using the public record for a:

Commercial purpose

Non-commercial purpose

REQUESTING THE FOLLOWING COPIES:

INVESTIGATION PHOTOS  FIRE REPORT  INVESTIGATION FIRE REPORT

INSPECTION REPORT  ENVIRONMENTAL/UNDER/ABOVE GROUND STORAGE

EMERGENCY MEDICAL REPORT  OTHER: \_\_\_\_\_

**\*\*We do not search with Parcel#\*\***

Exact address(s) required for Environmental Reports : \_\_\_\_\_

**Provide the following information for all emergency incident report:**

1. Incident Location/Address: \_\_\_\_\_
2. Incident Date & Time: \_\_\_\_\_
4. Patient Name: \_\_\_\_\_
5. Incident# if available: \_\_\_\_\_

\*A.R.S. 39-121.03D-Commercial purpose includes any use of a public record for the purpose of sale or resale or 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 to another for the purpose of solicitation or for any purpose where the purchaser can reasonably anticipate the receipt of monetary gain from direct or indirect use of the record.

**When a person requests copies of Fire Prevention records for commercial purposes, a statement setting forth the commercial purpose for which the copies will be used must be provided.**

I further agree to hold the City of Surprise, its agents and its employees harmless from any claim, causes of action, or other liability that may arise as a result of furnishing these documents to me or my use or my use or misuse of these documents.

**SIGNATURE:** \_\_\_\_\_

**\*\*ALLOW 7 TO 10 BUSINESS DAYS FOR PROCESSING\*\***

**FOR FIRE-MEDICAL DEPARTMENT USE ONLY**

Request recvd by/date: _____ / _____	Amount due: \$ _____	#Pgs: _____
Forwarded to: _____	Cashier rec#: _____	
Date approved: _____	Date payment received: _____	
Subpoena: <input type="checkbox"/> Yes <input type="checkbox"/> No	Payment method: _____	Check#: _____
Legal approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date released: _____	Released by init: _____
Records found: <input type="checkbox"/> Yes <input type="checkbox"/> No	By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> In Person	
Incident#: _____	Comments: _____	
Date requestor contacted: _____		