



Sedona Fire District Request for Emergency Medical Records

Requesting Party must provide photo identification. The information requested below must be completed in full. Requests without the required information will be returned to sender. If you do not have the necessary incident information, you may contact the SFD Billing Office at (928) 204-8921. Please legibly print the following information:

Requesting Party: _____

Relationship to Patient: _____

Mailing Address: _____

Phone: _____ Fax: _____ Date/Time of Request: _____

Email Address: _____

Verification of Photo ID #: _____ Type of ID: _____

Patient Name: _____

Date of Incident: _____ Incident Report #: _____

Address of Incident: _____

Report(s) to be: *Mailed _____ Picked Up: _____ Emailed: _____

**Postage charges will apply to all mail requests.*

PLEASE READ: I certify that these records will not be used for a commercial purpose, defined as “the 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 such public record for the purpose of solicitation or the sale of such 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 such public records.”

Requesting Party Signature: _____ Date: _____

Fees for Records: Medical Record's Copy Fees as defined by A.R.S 12-351 – Clerical fees \$25 per hour and .25 cents per page copied.

Custom Requests: Per SFD Handbook on Public Records Access, a request for data in a form that does not currently exist may be declined. SFD is not required to create a new record or generate a new format to meet a public records request. At its discretion, SFD may choose to fulfill a custom request and to charge for the cost of fulfilling it.

Records will be supplied promptly, usually within ten (10) business days.

FIRE DISTRICT USE
Date Mailed/Picked Up: _____
Amount Received: \$ _____
Initials: _____ Date: _____
(Retain original of Request for SFD billing records and give a copy to Requesting Party.)