



ARIZONA FIRE & MEDICAL AUTHORITY

PUBLIC RECORDS REQUEST

Public records for non-commercial purposes are provided at a cost of **\$.50 per page**. Additionally, if the requested information is deemed by the Authority to be archival in nature requiring staff time to research and acquire, such time will be reimbursable to the Authority by the requesting party at a rate equal to the hourly salary of the person completing the research and retrieval. For charges related to commercial requests, please refer to the Arizona Public Records Law located in Arizona Revised Statutes (A.R.S.) §39-121.03.

The information requested below must be completed. Requests submitted without the required information will be returned to the Requestor. If you are requesting information regarding an emergency incident and do not have the necessary incident information, you may contact the Administrative Office at (623) 544-5400.

REQUESTOR NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

REQUEST FOR: Commercial Use Non-Commercial Use Copy View Only

Under the provisions of A.R.S. §39-121 - 39-161, Arizona Public Records Law, I am requesting that the following records be released **(please be specific)**.

Date of Incident: _____

Patient Name (if applicable): _____

Incident Address, City, State (or intersection): _____

These records will not be used for commercial purposes, and will be used for the following purpose(s) **(explain who will use them and how they will be used)**:

Please return this form, along with your payment to: **Arizona Fire & Medical Authority
Public Records Request
18818 N. Spanish Garden Drive
Sun City West, AZ 85375**

Please Note: Public records are located at various locations within the Authority. The Authority requests that a reasonable amount of time be allowed for responding to any requests to copy or inspect Authority records and may require additional time to process more difficult or large quantity requests. If additional time is required, an estimated timeframe will be provided to the Requestor.

I understand and agree that the Arizona Fire & Medical Authority does not guarantee the accuracy of the data and information requested and hereby expressly disclaims any responsibility for the truth, lack of truth, validity, invalidity, accuracy, or inaccuracy of any said data and information. I further agree to hold the Arizona Fire & Medical Authority, its agents, and employees harmless from any claims, causes of action, or other liability that may arise as a result of furnishing these documents to me or as a result of my use or misuse of these documents.

Requestor's Signature: _____ **Date:** _____

COMPLETE THIS SECTION ONLY IF THE COPY REQUEST IS FOR A COMMERCIAL PURPOSE

A.R.S. §39-121.03(D) 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 purchase can reasonably anticipate the receipt of monetary gain from direct or indirect use of the record. When a person requests copies of Authority records for commercial purposes, a statement setting forth the commercial purpose for which the copies will be used must be provided.

State the specific purpose(s) of your request and explain who will use the requested records and how they will be used:

I, _____ (Requestor), declare that I have read the Arizona Public Records Law related to requests for a commercial purpose [A.R.S. §39-121.03(C)]. I further declare under penalty of perjury that the foregoing is true and correct.

Requestor's Signature

STATE OF ARIZONA)
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____, by

(Requestor)

Notary Public

(Affix Seal Here)

AUTHORITY USE ONLY

Date Request Received: __/__/____ Date Processed: __/__/____ Processed By: _____ Employee/Division Notified

Request Approved Request Denied Disposition: _____ Public Records:
Viewed
Mailed
Picked Up

Authorized By: _____ Date: _____

Copies \$ _____ Postage \$ _____ Other \$ _____ Total Amount Received \$ _____