



Mesa Fire and Medical Department
 Technical Services
 For questions, please call
 480 644-3526
 Available Monday - Thursday
 7:00 am to 6:00 pm



INCIDENT REPORT REQUEST * Required Fields

*Requestor's Name _____
 Address: _____

*Phone or email _____
 City, State Zip: _____

I am requesting the following incident:

- Emergency Medical Services (EMS) Report
- Fire Report
- Fire Investigation Report

- Fire investigation photos on CD
- Other _____
Please describe

If you don't see the report you are looking for, please check Mesa Fire Prevention Record Requests

Incident Details

*Date of Incident _____ *Time of Incident _____ (if known)
 Incident No _____
 *Location of Incident _____
 Patient Name (EMS Only) _____

Requirements

- A self-addressed, stamped envelope is required for all non-fee reports.
- EMS Records are protected under the HIPAA law. If you are requesting a record for yourself, you must have your signature notarized. If you are requesting a record for a minor or deceased individual, please also include a copy of the patient's birth or death certificate. If requesting a record under any other conditions an Authorization to Release Record signed by the patient, Medical Power of Attorney, or Court Guardianship papers are required.
- CD Copies, such as the photos or 911 records require a \$5.00 fee before we can process your request.
- Reports from 7-50 pages are \$5.00. Each additional page over 50 is an additional 20¢ each.

 Signed Print Name Date

EMS requests only

Subscribed and sworn to before me this _____ Day of _____ , _____

Notarized by _____

Please send the completed form along with any necessary documentation to:

Mesa Fire Records/Technical Services
 PO Box 1466
 Mesa, AZ 85211--1466