



NORTHERN ARIZONA CONSOLIDATED FIRE DISTRICT #1
PUBLIC RECORDS REQUEST INFORMATION AND
INSTRUCTION SHEET
FORM 141.0

Access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state. Upon a request that reasonably describes an identifiable record or records and under the provisions of A.R.S. §39-121, Public Records Law, a person may request to examine or be furnished copies of any public records of the Northern Arizona Consolidated Fire District unless the interests of privacy, confidentiality, or best interest of the state outweigh the general policy of open access.

PUBLIC RECORDS REQUESTS FEES CHARGED: The District reserves the right to recover expenses incurred in providing requested records. A charge will be levied for all such copies made at District expense. For non-commercial requests, a **\$.50 per page fee AND \$1.00 per double-sided page fee** will be charged for each page copied, printed or scanned. The District reserves the right to require that any public record request fees including postage and/or storage device, if applicable, be paid prior to the record retrieval process in accordance with the fee schedule. The District will notify the individual making the request of the expense in advance of the request being completed and processed.

COMMERCIAL REQUESTS: Arizona State law has distinguished between commercial and noncommercial requests for public records. Commercial purpose means the use of a public record for the purpose of sale or resale, 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.

PLEASE NOTE: If the requester obtains records for a commercial purpose without indicating the commercial purpose, or if he or she obtains the records for a non-commercial purpose, and then uses or allows the use of the records for a commercial purpose, he or she will be liable for damages in the amount of three times what the District would have charged had it known, plus costs and attorney fees. A.R.S. §39-121.03(C). If a false statement is given, the requester can also be guilty of a felony. A.R.S. §39-161.

RESPONSE TIME: Every effort will be made to respond to a request for documents within a ten work-day period. However, the extent of the research necessary will determine the actual time required to produce copies of requested documents. Many records are in storage at various locations in the District and will need to be retrieved for inspections and for copying. Occasionally, legal review by the District's Attorney may be necessary if issues of privacy or confidentiality arise. This may result in a brief delay in providing an appropriate response to your request.

At the discretion of the Northern Arizona Consolidated Fire District #1, copies of requested documents may either be mailed by certified mail to the requestor or provided in person when documents have been duplicated and are ready for pick up. If documents are picked up in person, identification and a signature of the receiving party are required at time of pick up. If documents are mailed, requestor will be charged according to the current rate for postage by certified mail with a return receipt.

Written/signed requests shall be hand-delivered to the District office at 2470 E. Butler Ave., Kingman, AZ 86409.

The request must be made during regular office hours on the Northern Arizona Consolidated Fire District's Public Records Request form. All requests without the required information completed in full, will be returned to sender. If you have questions regarding completion of the form, please contact the Administration Office at (928) 757-3151.



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INSTRUCTIONS:

1. Complete this form, providing as much information as possible. Listed below are specific instructions that need to be followed when submitting a records request:
 - If the records request is a fire service activity history search, no range of addresses will be accepted. Each address being requested must be listed separately on the form.

NOTE: The below guidelines for requesting medical records and for receiving a NON-redacted copy of the record. Without the below guidelines being met, a REDACTED copy of the records will be released when a properly filled out Public Records Request form is submitted.

The release of medical records is governed by the Health Insurance Portability and Accountability Act (HIPAA). 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 a photo ID.
- Requestor has a Northern Arizona Consolidated Fire District #1 Authorization of Disclosure of Protected Health Information Form and a photo ID.
- Requestor has a valid power of attorney or court order for the patient and photo ID.

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

- Requestor has an original or certified 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 certified 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.

2. Submit the records request form with payment (Payment must accompany this request, or it will be returned) to:

Northern Arizona Consolidated Fire District #1
Attn: Administration Office
2470 E Butler Avenue
Kingman, AZ 86409

3. Record requests will be accepted from walk-ins but may not be available at that time.
4. Record requests may be mailed to you or picked up when ready. (Postage will need to be paid prior to the record being mailed.)

Please Note: Public records are in various locations within the District. The District requests that a reasonable amount of time be expected for responding to any requests to copy or inspect District records. The District may require additional time to process more difficult requests and if so, an estimated time frame will be provided to the requestor.



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PLEASE COMPLETE:

Complete this form, providing as much information as possible. Failure to do so may delay processing.

Hours of Operation: Monday-Thursday, 8:00 am – 5:00 pm (Closed Friday/Saturday/Sunday/Holidays)
 Fire Incident Report \$20.00 EMS Report \$20.00 Fire Investigation Report \$20.00

Date of Request: _____ Department Run Number (DR#): _____
Date of Incident: _____ Date Range: _____
Requested by: _____
Requestor's Company (if applicable): _____
Requestor's Address, City, State and Zip: _____
Requestor's Phone: _____ Requestor's Fax: _____
Requestor's Email: _____

Under the provisions of A.R.S. §39-121, Public Records Law, it is requested that the following records be released (please be specific):

Non-Commercial Commercial (Please fill out page 5)
I hereby certify that the requested records will not be used for commercial purposes.

Signature: _____ Date: _____

Copies to be scanned on electronic storage device *An additional charge for storage device will apply
 Copies to be in paper format
 Please mail report when ready *An additional charge for certified mail costs will apply
 Please call me when the report is ready for pickup
Date: _____ Signature of receiving party: _____

Received by: _____ Date: _____ Processed by: _____ Date: _____
Printed Name: _____ Printed Name: _____
Title: _____ Title: _____

Cash Check # _____ Mailed on: _____
Reason for Redaction: Privacy Confidentiality Best Interest of Government

Record \$ _____	Postage \$ _____	Other \$ _____	Amt Received \$ _____
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Verified Statement of Non-Commercial Purpose
Public Data Request

Caution: Arizona Revised Statutes 39-121.03 provides:

“A person who obtains a public record for a commercial purpose without indicating the commercial purpose or who obtains a public record for a noncommercial purpose and uses or knowingly allows the use of such public record for commercial purpose or who obtains a public record for a commercial purpose and uses or knowingly allows the use of such public record for a different commercial purpose or who obtains a public record from anyone other than the custodian of such records and uses it for a commercial purpose shall in addition to other penalties be liable to the state for the political subdivision from which the public record was obtained for damages in the amount of three times the amount which would have been charged for the public record had the commercial purpose been stated plus costs and reasonable attorney’s fees or shall be liable to the state or the political subdivision for the amount of three times the actual damages if it can be shown that the public record would not have been provided had the commercial purpose of actual use been started at the time of obtaining the records.”

Verified Statement

I hereby agree that the public records I have requested are not for a “commercial purpose” as defined by A.R.S. 39-121.03. I also hereby agree that the public records will not be transmitted or sold to any other person for a commercial purpose.

What are you requesting?

Signature

Date

Name (Printed)

Address (Please Print)



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

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 District records for commercial purposes, a statement setting forth the commercial purpose for which the copies will be used must be provided.

If the request is for commercial purposes, please indicate how these records will be used:

Please complete and return this form to:

NORTHERN ARIZONA CONSOLIDATED FIRE DISTRICT #1
ADMINISTRATION OFFICE
2470 E BUTLER AVENUE
KINGMAN, AZ 86409

Checks must be made payable to:

NORTHERN ARIZONA CONSOLIDATED FIRE DISTRICT #1

Requestor's Signature: _____ Date: _____

Name and Title (Printed): _____

Company Name: _____



**NORTHERN ARIZONA CONSOLIDATED FIRE DISTRICT #1
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**Northern Arizona Consolidated Fire District #1 Authorization of Disclosure of
Protected Health Information Form**

APPROVED for Release

Denied for Release

Amendments Made: _____

Date of Release/Denial: _____

Type of identification verified: _____

Identification verified by: _____

Released / Denied by:

Chief Officer Signature

Chief Officer Printed Name