RINCON VALLEY FIRE DISTRICT~ RECORDS REQUEST FORM

Processing Time: Please Allow Approximately 10 Business Days

Request in person or mail:
Rincon Valley Fire District
14550 E Sands Ranch Rd
Attn: Custodian of Records
Vail, AZ 85641

Request by fax or email:
Rincon Valley Fire District
Custodian of Records
(520) 647-7902 – Fax
records@rinconvalleyfdaz.gov

Request records inspection:
Call (520) 647-3760
to speak to the Records
Specialist to schedule a time
to inspect records. A.R.S. 39-121

Document Type Requested:

☐ Paper Copy .25 cents/page ☐Notify me to pick up this record ☐Send by mail (cost of records plus postage)
☐Emailed Copy - No charge
☐Flash Drive $5.00

Requestor Information: Is this records request for a commercial purpose: ☐ Yes ☐No (check one)

Fees for commercial records requests include market value of the records, time to retrieve/compile the records & records per page fee. A.R.S. 39-121.03 D. For the purpose of this section, "commercial purpose" means the use of a public record for the purpose of sale or resale 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 for the purpose of solicitation or the sale of 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 the public record. Commercial purpose does not mean the use of a public record as evidence or as research for evident in an action in any judicial or quasi-judicial body.

Date of Request: _____ Reason for Request: _____

Requestor Name (Please print legibly) : _____

Requestor Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Requestor Signature: _____ Phone No: _____

Environmental Report/Fire Code Violation Inquiry:

Property Address: _____

Information Requested: _____

Fire Report: Due to their size, fire reports **cannot** be emailed.

Date of Incident: _____ Time of Incident: _____

Incident Address: _____

Medical Report:

Information Requested: ☐ Medical Report ☐Bill ☐Both

Patient's Name: _____ Date of Incident: _____

Incident Address: _____

City/Town: _____ Zip Code: _____

Special Note for Medical Record Request (ANY un-redacted record that contains a patient's protected health information): Patients requesting medical records must provide proof of identification (government issued photo I.D.). Third parties requesting a patient's medical record must attach one of the following to this Records Request Form: (1) a notarized HIPAA– compliant release, per 45 C.F.R. §164.508 signed by the patient; or (2) a court order signed by a judge authorizing release (45 C.F.R. §164.512). A subpoena without a HIPAA-compliant release or court order is not sufficient. For questions call (520) 647-3760 or email: records@rinconvalleyfdaz.gov.

Other:

Information Requested: _____

Revised 10/2025