



Leonardo L. Perez  
Fire Chief

Eloy Salazar  
Assistant Fire Chief

Jacob Salinas  
Fire Marshal

Carlos Arispe  
Deputy Chief/  
Risk Management

## REQUEST FOR RECORDS FORM

CHECK TYPE OF RECORD DESIRED	FEE
_____ 1. Accident Report	\$5.00
_____ 2. Medical Call Report	\$5.00
_____ 3. Vehicle Fire Report	\$6.00
_____ 4. Structure Fire Report	\$7.00
_____ 5. Other: _____	\$7.00

### PERSON REQUESTING RECORD (PLEASE PRINT CLEARLY OR TYPE)

\_\_\_\_\_  
REQUESTORS LAST NAME

\_\_\_\_\_  
REQUESTORS FIRST NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
NAME OF PARTY(S) INVOLVED

DATE OF OCCURANCE : \_\_\_\_\_

(INCLUDE NEAREST INTERSECTION STREET)

PLACE OF OCCURANCE: \_\_\_\_\_

#### Instructions for mail in request:

- Information must be typed or printed. Incomplete information may result in the return of your request.
- A photocopy of a current, valid form of picture identification must be included with your application. (ie. Driver Licence, Passport)
- A check or money order in the amount listed above pertaining to the type of call payable to "Pharr Fire Department" being requested. If you are not sure what type of call it is, please call 956-402-4400.
- Enclose a stamp, self-addressed 9-1/4"x4" envelope to:

Pharr Fire Department  
118 S. Cage Blvd., 3rd Floor  
Pharr, Texas 78577

#### FOR OFFICE USE ONLY:

Received date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Released Date: \_\_\_\_\_