



# Pharr Fire Department



## REQUEST FOR RECORDS

### IMPORTANT INFORMATION! PLEASE READ

\* Requests for records and/or incident reports must be submitted in writing. You may use this form for your request. We will "promptly" respond to your request, but the time it takes us to respond will depend on the amount of information you have requested.

\* **PLEASE NOTE:** There will be a fee for providing copies of records and/or incident reports.

#### \*Instructions for requests by mail:

- 1 Please print or type information legibly.
- 2 A photocopy of a current, valid form of picture identification must be included with your application. (i.e. **Driver's License, Passport**).
- 3 Check or money order for total amount pertaining to your request is payable to "**City of Pharr**"
- 4 Enclose a stamp, self-address envelope to:

City of Pharr Fire Department  
710 S. Cage STE D  
Pharr, Texas 78577

### THIS SECTION BELOW IS TO BE COMPLETED BY THE PERSON MAKING THE REQUEST

#### Requestor's Contact Information:

Requestor Name:

\_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name)

Company Name:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Relationship to owner:

\_\_\_\_\_

Phone:

### REQUEST FOR INFORMATION

(Please describe the information you are requesting. Include date, location of incident and/or incident number if available)

Date of incident:

\_\_\_\_\_

Incident location/Address:

Please provide nearest intersection street(s) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Name of individual(s) involved:

\_\_\_\_\_

## Pharr Fire Department Administration Only:

### Fees:

<input type="checkbox"/> Accident Report	\$5.00	<input type="checkbox"/> Medical Report	\$5.00
<input type="checkbox"/> Vehicle Fire Report	\$6.00	<input type="checkbox"/> Structure Fire Report	\$7.00
<input type="checkbox"/> Other:			\$7.00

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Incident/PIR #: \_\_\_\_\_

Fee: \_\_\_\_\_

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

Receipt #: \_\_\_\_\_

Release Date: \_\_\_\_\_