



**City of Albuquerque Fire Department  
Records Management Division  
400 Roma Avenue, NW  
Albuquerque, NM 87102-2123  
Office (505)764-6333  
Fax (505)764-6360**



## **Record Request**

**Type of Report:** EMS \_\_\_\_\_ Fire \_\_\_\_\_ Other \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Representing: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

Incident Date/Time: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Incident Number: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Specific information needed: \_\_\_\_\_

**If medical report is requested please also provide the following information  
along with an authorization to release protected information SIGNED by the  
patient/authorized representative:**

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date request filled: \_\_\_\_\_ Method: \_\_\_\_\_ Release #: \_\_\_\_\_