



**Albuquerque Fire Rescue
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 a 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: _____

Signature: _____

Note: The AFR Records Management Division is not the Custodian of Records for the City of Albuquerque pursuant to IPRA. As a result, requests for records submitted on this form to AFR Records Management are not requests for public records under IPRA but instead are a request pursuant to 45 CFR 164.524(a)(1) or other laws. If you would like to submit a request for public records pursuant to IPRA, please email your request to cityclerkipra@cabq.gov or submit your request online at nextrequest.cabq.gov.