



**Central Arizona Fire & Medical
Authority**

Prevention Record Request
Environmental Record Search

Date: _____

Address of Request:

Requesting
Party: _____

Company: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Preferred Method of receiving information: (Check all that apply)

Mail Fax Email Phone

For Office Use Only:
Records research completed by:
Information found:
Date information sent: