



## REQUEST FOR RELEASE OF INFORMATION

Please note that a requester is not obligated to complete this form in order to receive fire department records. The California Public Records Act ("CPRA") allows a request to be made orally or in writing. A requester is not required to provide any personal information. In the event a requester does not wish to fill out a form, provide a name, address, or other mechanism by which the department can make contact, we will make the documents available for copying; or review and ask the requester to come back when they are ready (within a reasonable timeframe).

REQUEST DATE: \_\_\_\_\_ REPORT #: \_\_\_\_\_

NAME OF OWNER/VICTIM/: \_\_\_\_\_

LOCATION OF OCCURANCE: \_\_\_\_\_

DATE AND TIME OF INCIDENT: \_\_\_\_\_

REQUESTING PARTY (check one):

- 1. VICTIM / PARENT OR GUARDIAN OF MINOR VICTIM
- 2. AUTHORIZED REPRESENTATIVE OF VICTIM
- 3. INSURANCE CARRIER AGAINST WHICH A CLAIM HAS BEEN MADE
- 4. PERSON INVOLVED IN ACCIDENT
- 5. OWNER OF DAMAGED PROPERTY
- 6. MEDIA / PRESS
- 7. INTERESTED PARTY / OTHER (specify below)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
COMPANY OR BUSINESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL

**FOR RECORDS USE ONLY:**

COPY: RELEASED  DENIED   
DATE RELEASED: \_\_\_\_\_ RELEASING PARTY ID: \_\_\_\_\_  
PAGES: \_\_\_\_\_

(Rev 10/2016)