



# RECORDS REQUEST FORM

## Fullerton Fire Department

312 E Commonwealth Ave, Fullerton, CA 92832

Phone: (714) 738-6500 Email: Information@FullertonFire.org

Aug-17

REQUESTING PARTY CONTACT NAME:	REQUEST DATE:
COMPANY: (If applicable)	PHONE NUMBER:
MAILING ADDRESS:	
EMAIL ADDRESS:	

### REQUEST FOR SITE RECORDS

**To obtain site records: Complete this request form and email it to Information@FullertonFire.org. In accordance with the Public Records Act, please allow 10 days for us to respond to your request. Once records are available, we will contact you to advise of amount due, if any. The fee for copies of site records is \$0.15 per page plus postage, if applicable.**

DATE RANGE:	REQUEST FOR: File Review Copies of Records
SITE ADDRESS:	BUSINESS NAME:

LIFE SAFETY RECORDS REQUEST: Life Safety Inspections Life Safety Violation History Permits Issued	HAZARDOUS MATERIALS RECORDS REQUEST: Business Emergency Plan Chemical Inventory Cleanup & Spill Info * FOR UST RECORDS PRIOR TO 1991, CONTACT: Orange County Health Care Agency, Custodian of Records (714) 834-3536	Aboveground Storage Tanks Underground Storage Tanks * Hazmat Inspections	Hazmat Violation History Permits Issued NPDES
--	--	--	---

### REQUEST FOR INCIDENT REPORT

**To obtain a copy of an incident report: Complete this request form and mail to the Fullerton Fire Department at the address above along with your check in the amount \$15.00 payable to the City of Fullerton. Please allow 10 days for us to respond to your request.**

DATE OF INCIDENT:	TIME OF INCIDENT:	FIRE DEPT INCIDENT NUMBER:
LOCATION OF INCIDENT:	TYPE OF INCIDENT:	
NAME OF INSURED:	TYPE OF REPORT REQUESTED: Incident Report Fire Cause Report Paramedic Report OTHER: Please specify _____	
NAME OF PATIENT:		
ADDITIONAL INFORMATION:		

### BELOW IS FOR FULLERTON FIRE DEPARTMENT USE ONLY

APPROVED FOR RELEASE: Yes No	REVIEWED BY: <b>X</b>	DATE:	
REPORT IS NOT RELEASABLE FOR THE FOLLOWING REASON:			
DATE RECEIVED:	DATE DUE:	PROCESSED BY:	DATE:
AMOUNT RECEIVED:	PAYMENT METHOD: Cash Check # _____	REPORT DELIVERY METHOD:	
RELEASE ON OR AFTER DATE:	RECEIVED BY: <b>X</b>	DATE:	