San Carlos Fire Department
Public Information Release

Today's Date: ______________

Address of Report: _________________________________

Type of Information:

Incident Report #: ____________________________ Date: ____________
Investigation Report #: _________________________ Date: ____________
Inspection: ___________________________________ Date: ____________

Duplication Fees: (Paid at time of pick-up)

Incident Report $15.00 each $ __________
Photocopies/Printing ___ x $0.25 each $ __________

Total Due: $ __________

Payment: Cash: $ ________
Check: $ ________ # ________

Name of Requestor: ________________________________
(Print)
______________________________
(Signature)

Address: ______________________________________
(Street) (City) (Zip)

Phone #: ____________________________ Alternate #: ____________________________

Requestor is or Represents:
Owner
Occupant
Insurance Adjuster
Attorney
Investigator
Other (please specify below)

City/District Attorney Approval: Needed ________ Obtained ________

Release Approval: ________________________________ Date: ________