

# 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:

<input type="checkbox"/> Owner	<input type="checkbox"/> Attorney
<input type="checkbox"/> Occupant	<input type="checkbox"/> Investigator
<input type="checkbox"/> Insurance Adjuster	<input type="checkbox"/> Other (please specify below)

City/District Attorney Approval: Needed \_\_\_\_\_ Obtained \_\_\_\_\_

Release Approval: \_\_\_\_\_ Date: \_\_\_\_\_