



Stanislaus Consolidated Fire Protection District  
3324 Topeka St.  
Riverbank, CA 95367  
(209) 869-7470  
Fax: 209) 869-7475

## REQUEST FOR RELEASE OF INCIDENT/FIRE REPORT

NAME OF PERSON REQUESTING INFORMATION: \_\_\_\_\_  
PRINT- LAST, FIRST

LOCATION OF INCIDENT/FIRE: \_\_\_\_\_  
Street Address City

DATE OF INCIDENT/FIRE: \_\_\_\_\_  
MONTH DAY YEAR

STATUS OF PERSON REQUESTING REPORT (CHECK ONE)

- 1. VICTIM/PARENT OR GUARDIAN \_\_\_\_\_
- 2. AUTHORIZED REPRESENTATIVE OF VICTIM \_\_\_\_\_
- 3. INSURANCE CARRIER \_\_\_\_\_ (Representing) \_\_\_\_\_
- 3. ATTORNEY \_\_\_\_\_ (Representing) \_\_\_\_\_
- 4. PERSON INVOLVED IN INCIDENT \_\_\_\_\_
- 5. PROPERTY OWNER \_\_\_\_\_
- 6. MEDIA/NEWS \_\_\_\_\_
- 7. INTERESTED PERSON \_\_\_\_\_ (Specify) \_\_\_\_\_

IS A JUVENILE MENTIONED IN THE REPORT? YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_

I DECLARE UNDER PENALTY OF PERJURY THAT I AM THE PARTY OF INTEREST AS CHECKED ABOVE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY/BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DAYTIME PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

### **\*\$20.00 Report Fee must be paid and received prior to the Report being released.**

For your convenience, SCFPD accepts credit card payments via Square. \*A 2.75% fee for each swiped credit card transaction or 3.5%+\$0.15 (if entered manually) is charged by Square and added to your transaction amount – SCFPD does not profit from this fee.

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

CHIEF OFFICER:  APPROVED \_\_\_\_\_  DENIED \_\_\_\_\_

DATE RELEASED \_\_\_\_\_ BY \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK# \_\_\_\_\_ REPORT #: \_\_\_\_\_

CREDIT CARD \_\_\_\_\_ SWIPED \_\_\_\_\_ MANUAL ENTRY: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_ CSC: \_\_\_\_\_ ZIP: \_\_\_\_\_