



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

REQUEST FOR RELEASE OF FIRE/INCIDENT REPORT

NAME OF PERSON REQUESTING INFORMATION: _____
PRINT- LAST, FIRST

LOCATION OF FIRE/INCIDENT: _____
STREET ADDRESS CITY

DATE OF FIRE/INCIDENT: _____ TIME OF FIRE/INCIDENT: _____ / _____
MM/DD/YY AM PM

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 INVOLVED 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: _____
STREET ADDRESS CITY ZIP

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 _____ REPORT#: _____

DATE RELEASED _____ BY _____

AMOUNT PAID: \$ _____ CASH: _____ CHECK# _____ CREDIT CARD TYPE: _____

CREDIT CARD _____ SWIPED _____ MANUAL ENTRY: _____ - _____ - _____ Exp _____ / _____ CSC: _____ ZIP: _____