



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

APPLICATION FOR RELEASE OF INFORMATION

NAME OF PERSON REQUESTING INFORMATION: _____
PRINT - LAST FIRST

LOCATION OF INCIDENT: _____
Street Address City

DATE OF INCIDENT: _____ INCIDENT #: _____
(Month/Day/Year) (If Known)

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 _____
- 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: (____) _____

*** 24.00 Incident Report Fee must be paid and received prior to the Incident Report being released.**
For your convenience, SCFPD now 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 – the District 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 CODE ____
6/2019