



# SOUTHERN MARIN FIRE PROTECTION DISTRICT

## PUBLIC RECORD REQUEST FORM

28 Liberty Ship Way Ste. 2800, Sausalito, CA 94965

Phone: (415) 388-8182 x 8004 Fax: (415) 388-8181 Email: [adminaide@smfd.org](mailto:adminaide@smfd.org)

NOTE: Same day service is not available for most records.

Date of Request: \_\_\_\_\_

Requester Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Incident Number (optional): \_\_\_\_\_

Time of Incident (est): \_\_\_\_\_ Incident Location: \_\_\_\_\_

Other Identifying information or Details (be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Records Requested:      Incident Report (ERS)      Fire Investigation Report\*  
\*This report is only available for some fire related incidents, and only if an investigation was performed.  
Other (specify) \_\_\_\_\_

***Patient Care Reports (PCR's), records of medical and billing nature— Request directly through:  
Wittman Enterprises Phone: (800) 906-6552 Fax (916) 381-5047 (fee applies)***

**Method of Delivery: (please check requested method of delivery - please pick one)**

\_\_\_\_\_ I would like to **inspect** the records. Please advise me when the records are available for inspection at the SMFD administration office (28 Liberty Ship Way, Suite 2800, Sausalito, CA)

\_\_\_\_\_ I would like to **pick-up** copies of the records from the SMFD administration office. Please advise me when the records are ready. I understand that I may be required to pay any applicable fees before the District will release the records to me.

\_\_\_\_\_ Please **mail** the records to the address listed above. I understand that I may be required to pay any applicable fees before the District will send the requested records.

\_\_\_\_\_ Please **email** me the records. I understand that not all records are available via email.

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_



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Attention Requestor:

On the attached Request for Records Form, fill out each line as applicable. In order for your request to be processed, please specifically identify the information you are attempting to obtain.

The following information must be supplied:

- ✓ Date of your request
- ✓ Name, address, contact phone number and email
- ✓ Location of the incident
- ✓ Any other identifying information (eg fire in a home, vehicle accident, medical incident etc).
- ✓ Enclose payment if applicable

Once your request has been processed, the records will be provided by the method of delivery marked on the form.

If you do not have all of the above information, please fill out the form to the best of your ability. You may drop off your request to the Southern Marin Fire Protection District at the address below, between the hours of 9:00am – 4:00pm, Monday through Friday (excluding holidays). You may also fax the form to Custodian of Records at (415)388-8181 x 8004, or email (preferred method) to [adminaide@smfd.org](mailto:adminaide@smfd.org) or mail to:

Southern Marin Fire District  
28 Liberty Ship Way Ste. 2800  
Sausalito, CA 94965  
ATTN: Custodian of Records

Hours of pick-up (when notified that records are ready) are Monday – Friday, 9:00am to 4:00pm

Patient Care Reports (PCR's), records of medical and billing nature

Request directly through:

Wittman Enterprises,

Phone: (800) 906-6552 Fax (916) 381-5047 (fee applies)