



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

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; www.webillems.com (fee may apply)

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 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

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Wittman Enterprises,

Phone: (800) 906-6552 Fax (916) 381-5047 or www.webillems.com (fee may apply)