



# Tiburon Fire Protection District

## Public Record Request Form

1679 Tiburon Blvd., Tiburon, CA 94920  
Phone: 415-435-7200 Fax: 415-435-7205

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

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

Requestor Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Records Requested:  Incident Report (ERS) (\$ .25 per page)  Fire Investigation Report (\$ .25 per page)  
 Property Records (N/A at TFPD)  Patient Care Report (PCRs) (\$ .25 per page)  
 Other (Specify): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Incident Number: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ Incident Location: \_\_\_\_\_

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

Method of Delivery: (please check the requested method of delivery)

<input type="checkbox"/>	I would like to <b>inspect</b> the records. Please advise me when the records are available for inspection at the TFPD administration office.
<input type="checkbox"/>	I would like to <b>pick-up</b> copies of the records from the TFPD 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 copies to me.
<input type="checkbox"/>	Please <b>mail</b> 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 records.
<input type="checkbox"/>	Please <b>email</b> me the records. I understand that not all records are available via email.

Completed By: _____	Date Completed: _____
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
- ✓ Incident number
- ✓ Location of the Incident
- ✓ Any other identifying information (i.e. requests for all calls to a particular location)
- ✓ 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 Tiburon Fire Protection District Administration building at 1679 Tiburon Blvd., between the hours of 9:00am to 4:00pm, Monday through Thursday. You may also fax the form to the Custodian of Records at (415) 435-7205 or mail it to:

Tiburon Fire Protection District  
1679 Tiburon Blvd.  
Tiburon, CA 94920  
ATTN:Custodian of Records

Hours of Pickup are Monday – Thursday, 9:00am to 4:00pm.