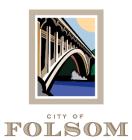


## FOLSOM FIRE DEPARTMENT

535 Glenn Drive Folsom, CA 95630 Office (916) 461-6300 Fax (916) 984-7081 www.folsom.ca.us



**Records Request** Requested by (Print Name): **Date Requested:** Signature of Requesting Person: Received by Mail: Address: Phone: Date of Incident: Name of Involved Party: **Incident Location/Incident Number: For Internal Use Only** Initials Routing **Note Date** Verify ID or Requesting Party's Name/Payment Record Request Printed & Entered into FH PCR Copied/Printed Private Bill Copied/Printed **Records Reviewed** Forward Payment to Accounting Records Released (Per Release Date Noted) Mailed / Picked Up Type Fee Check # **Inspection Report** \$15 **Payment:** NFIRS/FH Report \$15 **PCR/Incident Reporting/Billing** Cash \$15 Total