



FOLSOM FIRE DEPARTMENT

535 Glenn Drive Folsom, CA 95630
Office (916) 461-6300 Fax (916) 984-7081

www.folsom.ca.us



CITY OF
FOLSOM

Records Request

Date Requested:

Requested by (Print Name):

Signature of Requesting Person:

Received by Mail:

Address:

Phone:

Date of Incident:

Name of Involved Party:

Incident Location/Incident Number:

For Internal Use Only

Routing	Initials	Date	Note
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	Payment:	Check # _____ Cash
Inspection Report		\$15		
NFIRS/FH Report		\$15		
PCR/Incident Reporting/Billing		\$15		
	Total			