



APPLICATION FOR RELEASE OF INFORMATION/REPORT

Date of Application: _____
Name of Applicant/Agency: _____
Address: _____
Phone number: _____ Fax Number: _____
Email: _____

TYPE OF REPORT (Check Appropriate):

- Medical
- Fire
- Fire Investigation Report
- Other (Please Specify)

Accident/Incident Date: _____
Accident/Incident Location: _____

PARTY OF INTEREST (Please Check One)

- Patient
- Property Owner
- Occupant/Tenant
- Authorized Individual (Signed Authorization is Required)
- Parent/Guardian of Juvenile Party
- Representative of Insurance Company or Insurance Adjusting Agency (Policy Number or Claim number must be included _____)
- Other Party of Interest
(Specify) _____

CERTIFICATION

I declare under the penalty of perjury that:

I am I represent I am an attorney representing the party of interest identified in the report recorded hereon.

Signature _____

Records Division Use Only

Release Authorized by: _____ Date Authorized: _____
Record Released By: _____ Date of Release: _____
Identification Requested: Yes No **DL Number :** _____
Applicant Notified: _____

Committed to the protection of life, property, and environment.

SAN ANSELMO • FAIRFAX • ROSS • SLEEPY HOLLOW