



## Ross Valley Fire Department Public Records Request Form

Public records are provided in accordance the California Public Records Act (Statutes of 1968, Chapter 1473; currently codified as California Government Code §§ 6250 through 6276.48[1])

**777 San Anselmo Ave., San Anselmo, CA 94960**

**Phone: 415-258-4686 Fax: 415-258-4689**

Attention Requestor:

On the attached Request for Records Form RVY21, 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 Ross Valley Fire Department Administration building at 777 San Anselmo Ave., between the hours of 8:00am to 5:00pm, Monday through Friday. You may also fax the form to the Custodian of Records at (415)258-4689 or mail it to:

Ross Valley Fire Department  
777 San Anselmo Ave  
San Anselmo, CA 94960  
ATTN: Custodian of Records

Hours of Pickup are Monday – Friday 8:00am to 5:00pm. The Administrative Offices are closed from Noon to 1 p.m.



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RVY21

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777 San Anselmo Ave., San Anselmo, CA 94960  
Phone: 415-258-4686 Fax: 415-258-4689

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

**NOTE: Same Day Service Not Available for all Records**

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

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

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

Telephone: \_\_\_\_\_

- Records Requested:
- Incident Report (ERS) (\$.25 per page)
  - Fire Investigation Report (\$.25 per page)
  - Property Records (Viewable only onsite)
  - Other (Specify): \_\_\_\_\_

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

Incident Number: \_\_\_\_\_

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

Incident Location: \_\_\_\_\_

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

Signature \_\_\_\_\_

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

- I would like to **inspect** the records. Please advise me when the records are available for inspection at the RVFD administration office.
- I would like to **pick-up** copies of the records from the RVFD administration office. Please advise me when the records are ready. I understand that I may be required to pay any applicable fees before the Department will release the copies 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 Department will send the records.
- Please **email me** the records. I understand that not all records are available via email.

### For RVFD Use Only

Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_