



Stanislaus Consolidated Fire Protection District

3324 Topeka Street

Riverbank, CA 95367

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<http://www.scfpd.us>

fireprevention@scfpd.us

INCIDENT REPORT REQUEST FORM

NAME OF PERSON REQUESTING INFORMATION: _____

LOCATION OF INCIDENT (CITY, STATE, ZIP): _____

DATE OF INCIDENT: _____ INCIDENT #: _____

INCIDENT TYPE (FIRE/ CAR ACCIDENT/ EMS): _____

REASON FOR REQUEST: _____

IS A JUVENILE MENTIONED IN THE REPORT? (CIRCLE ONE): YES/ NO/ UNKNOWN

STATUS OF PERSON REQUESTING REPORT (CHECK ONE):

- VICTIM
- PARENT OR GUARDIAN (REPRESENTING): _____
- AUTHORIZED REPRESENTATION OF VICTIM (REPRESENTING): _____
- INSURANCE CARRIER (REPRESENTING): _____
- ATTORNEY (REPRESENTING): _____
- PERSON INVOLVED IN INCIDENT
- PROPERTY OWNER
- MEDIA
- INTERESTED PERSON

I DECLARE UNDER PENALTY OF PERJURY THAT I AM THE PARTY OF INTEREST AS CHECKED ABOVE.

SIGNATURE: _____ DATE: _____

COMPANY/ BUSINESS: _____

MAILING ADDRESS (CITY/ STATE/ ZIP): _____

PHONE NUMBER: _____ EMAIL: _____

A \$25.30 INCIDENT REPORT FEE MUST BE PAID PRIOR TO THE REPORT BEING RELEASED. THIS CAN BE PAID OVER THE PHONE OR IN THE OFFICE WITH CHECK OR CARD, THERE IS A 3.8% FEE FOR CREDIT CARD TRANSACTIONS. WE DO NOT ACCEPT CASH PAYMENTS.

OFFICE USE ONLY

REPORT #:	CHIEF OFFICER:	APPROVED/DENIED
DATE REQUEST RECEIVED:	DATE PAID/ RELEASED:	RELEASED BY: