



## APPLICATION FOR RELEASE OF INCIDENT REPORT SANTA ROSA FIRE DEPARTMENT

NAME OF APPLICANT/AGENCY:		DATE OF APPLICATION:	
DATE AND TIME OF INCIDENT:	TYPE OF REPORT:	REPORT NUMBER (IF KNOWN):	
LOCATION/ADDRESS OF INCIDENT		NAME OF PERSON INVOLVED OR PROPERTY OWNER	
IS THERE A SUIT PENDING AGAINST THE CITY OF SANTA ROSA: (SELECT ONE)		YES:	NO:
<b>PARTY OF INTEREST: (SELECT ONE)</b>			
<input type="checkbox"/>	PERSON INVOLVED	<input type="checkbox"/>	REPRESENTATIVE OF INSURANCE COMPANY OR
<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	ADJUSTING AGENCY
<input type="checkbox"/>	PARENT/GUARDIAN OF JUVENILE PARTY	<input type="checkbox"/>	ATTORNEY
<input type="checkbox"/>	AUTHORIZED INDIVIDUAL: SIGNED AUTH. IS REQ.	<input type="checkbox"/>	OTHER PARTY OF INTEREST: (SPECIFY)
<b>CERTIFICATION</b>			
I declare under the penalty of perjury that... (SELECT ONE)			
I am:	<input type="checkbox"/>	I represent:	<input type="checkbox"/>
		I am an attorney representing... the party of interest identified in report recorded hereon: <input style="width: 50%;" type="text"/>	
<b>SIGNATURE:</b>			

<b>INSTRUCTIONS FOR REPORT:</b>	How would you like to receive this report? - please select one
1 - PICKED UP BY: (NAME AND DATE):	
2 - EMAIL TO:	
OR -	
3 - MAIL TO	NAME:
	ADDRESS:
	CITY
	STATE & ZIP:
	PHONE #: