

Santa Clara Fire Department

Request For Incident And/Or Inspection Reports

Administering Department: Fire Department, Hazardous Materials Division
1675 Lincoln Street, Santa Clara, CA 95050-4653
tel: (408) 615-4960 fax: (408) 241-3006

Instructions

Use this form to request copies of Santa Clara Fire Department Incident Reports and/or Inspection Reports. Incident reports document the Fire Department response to fires, hazardous materials incidents, medical emergencies, alarms, accidents, and all other emergency responses. Inspection reports document the Fire Department's findings from annual fire and life safety inspections of local businesses.

Note: This form is not interactive and must be printed, filled out, then mailed or delivered to the Hazardous Materials Division office (address at the top of this screen). There is a fee of \$1.00 per page of printout, except for medical records, which is \$0.25 per page according to state law. Medical records cannot be released without the written consent of the patient. Please allow 10 business days from the date of submittal for the records to be ready. The records cannot be released prior to payment. You will be notified by telephone when the copies are ready for pick-up or mailing. At that time you may specify how you wish to receive the copies.

The undersigned hereby requests copies of Santa Clara Fire Department Incident Reports and/or Inspection Reports for the following address(es) during the indicated time period(s):

Address	Time Period		(Check which type of report)			
	From	To				
			☐	Incident*	☐	Inspection
			☐	Incident*	☐	Inspection
			☐	Incident*	☐	Inspection
			☐	Incident*	☐	Inspection
			☐	Incident*	☐	Inspection

Please check the type(s) of incident(s) for which you would like reports:

- | | | |
|-----------------------------------|-------------------------------------|--|
| ☐ Medical* | ☐ Chemical | ☐ Smoke Investigation |
| ☐ Alarms | ☐ Service | ☐ Gas Investigation |
| ☐ Fire | ☐ Electrical | ☐ Accident |

*Medical records cannot be released without the written consent of the patient.

Name

Affiliation

Signature (optional)

Telephone Number