



# Request for an Incident Report

**Coastside Fire Protection District / CAL FIRE**

1191 Main Street, Half Moon Bay CA 94019

Telephone (650) 726-5213

Fax (650) 726-0132

**Date of Request** \_\_\_\_\_

I am requesting a copy of the following public document from the Coastside Fire Protection District.

Please notify me when a copy of this document is ready for release. I understand there is a charge of \$1.00 per page (\$5.00 for an incident report), payable by check or money order only (no cash is accepted).

**Type of Incident** \_\_\_\_\_

**Date Incident Occured** \_\_\_\_\_

**Estimated Time** \_\_\_\_\_

**Location of Incident** \_\_\_\_\_

**Requested by** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_

**To be completed by Fire District Personnel:**

**Amount** \_\_\_\_\_ **Check** \_\_\_\_\_ **Date Produced** \_\_\_\_\_

**Paid** \_\_\_\_\_ **Money Order** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_

**Date** \_\_\_\_\_