



Public Records Act Request Form

Coastside Fire Protection District
1191 Main Street, Half Moon Bay CA 94019
Telephone (650) 726-5213
Fax (650) 726-0132

(please print clearly)

Today's Date _____

Name _____

Mailing Address _____

Phone Number _____

Fax Number _____

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, payable by check or money order only (no cash is accepted).

(Describe the records you are requesting:)

Signature

To be completed by Fire District Personnel:

Amount	_____	Check	_____	Date Produced	_____
Paid	_____	Money	_____	Staff Initials	_____
Date	_____	Order			