



REDWOOD VALLEY-CALPELLA FIRE DISTRICT

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PUBLIC RECORDS REQUEST INFORMATION FORM

Date Submitted:	Requested by:	Phone (required)
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General Topic of Information Requested

Records Requested and/or Address of Incident:

What form would you like to receive the records:
PLEASE CHECK THE APPROPRIATE BOX

<input type="checkbox"/>	Email:	EMAIL ADDRESS:
<input type="checkbox"/>	Mail:	MAILING ADDRESS:

ALL REPORTS HAVE A \$5.00 FEE per adopted fee schedule for processing, printing, emailing. There shall be no cost for any documents that are already in PDF Format and can be emailed.

Make checks payable to: Redwood Valley-Calpella Fire District
Mail check to: PO Box 499; Redwood Valley, CA 95470

Official Use:
Incident Report No. _____

OFFICAL USE ONLY

Date Recieved:		Date Processed:	
Received By:		Processed By:	

Items Sent:

1)
