

# PUBLIC RECORDS REQUEST

## RECORDS REQUEST

DATE OF INCIDENT: \_\_\_\_\_

TYPE OF INCIDENT:

MEDICAL	<input type="checkbox"/>
FIRE	<input type="checkbox"/>
MINOR REPORT	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

TIME: \_\_\_\_\_ AM  PM

LOCATION: \_\_\_\_\_

ADDRESS, ASSESSOR'S PARCEL NUMBER (APN) OR CLOSEST KNOWN LOCATION

CITY / STATE / ZIP

NAME OF BUSINESS, IF APPLICABLE

## SEND REPORT TO THE FOLLOWING:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE / ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**COMPLETE AND MAIL THIS FORM TO:**  
**RIVERSIDE COUNTY FIRE DEPARTMENT**  
**ATTENTION: CUSTODIAN OF RECORDS**  
**210 WEST SAN JACINTO AVENUE**  
**PERRIS, CA 92570**

Please describe the records you are seeking below:

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