



**CITY OF SANTA MARIA
FIRE DEPARTMENT**

TO: ALL INTERESTED PARTIES
FROM: FIRE CHIEF
RE: **INCIDENT REPORT REQUEST FORM**

Below is an Incident Report Request form. If you would like to request a copy of an incident report please fill out the below form or print the form and complete it in blue or black ink.

Incident reports are only released with a Chief Officer's approval. Typically, an incident report is sent to you via U.S. mail within three business days. Incident reports will not be faxed.

There is a fee for reproducing the incident reports, which varies dependent on the length of the report. Please contact our office at (805) 925-0951 Ext. 2255 to obtain the cost of a specific report and determine if it has been approved for release.

Once you have completed the request form you will need to hand carry, mail, or email the form, along with payment (checks should be payable to City of Santa Maria), to:

Santa Maria Fire Department
314 W. Cook Street #8
Santa Maria, CA 93458

If you have any questions, please feel free to contact our office at (805) 925-0951 Ext. 2255 or fire@cityofsantamaria.org.

FIRE CHIEF
Santa Maria Fire Department

**SANTA MARIA FIRE DEPARTMENT
INCIDENT REPORT REQUEST FORM**

Date: _____

Name of Person and/or Company Requesting Report:

Address of Person and/or Company Requesting Report:

Phone Number of Person and/or Company Requesting Report: _____

Reason for Requesting Report: Insurance Purposes Personal Records

Other – Please State: _____

Date of Incident: _____ Approximate Time of Incident: _____

Address of Incident: _____

Type of Incident: Structure Fire Vehicle Fire Medical Call

Other – Please State: _____

Requestor's Signature: _____

****FOR FIRE DEPARTMENT USE ONLY****

Date Copy of Report Mailed: _____ Picked Up: _____

Requested: In Person By Phone By Mail

Incident #: _____

Type of Report: Incident Report Investigation Report

Processed By: _____