



# Novato Fire Protection District

Public Records Request Form

AD-15

Public records are provided in accordance the California Public Records Act (Statutes of 1968, Chapter 1473; currently codified as California Government Code §§ 6250 through 6276.48[1])

**95 Rowland Way, Novato, CA 94945**  
**Phone: 415-878-2690 Fax: 415-878-2660**

Date of Request: \_\_\_\_\_

**NOTE: Same Day Service Not Available for all Records**

Requestor Name: \_\_\_\_\_

**A \$15.00 processing fee will be required for law firms, payable to Novato Fire District**

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Records Requested:  Incident Report (ERS)  Fire Investigation Report  Billing

Property Records (Viewable only onsite)  Patient Care Report (PCR's)  Other (Specify): \_\_\_\_\_

Name of Patient \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Incident Number: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Other Identifying information or details (be specific): \_\_\_\_\_

Method of Delivery: (please check the requested method of delivery)

I would like to **inspect** the records. Please advise me when the records are available for inspection at the NFPD administration office.

I would like to **pick-up** copies of the records from the NFPD administration office. Please advise me when the records are ready. I understand that I may be required to pay any applicable fees before the District will release the copies to me.

Please **mail** the records to the address listed above. I understand that I may be required to pay any applicable fees before the District will send the records.

Please **email or Fax** me the records. I understand that not all records are available via email.

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For NFPD Use Only

Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_

Comments: \_\_\_\_\_



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Attention Requestor:

On the attached Request for Records Form AD-15, fill out each line as applicable. In order for your request to be processed, please specifically identify the information you are attempting to obtain.

The following information must be supplied:

- ✓ Date of your request
- ✓ Name, address, contact phone number, and email
- ✓ Incident number
- ✓ Location of the Incident
- ✓ Any other identifying information (i.e. requests for all calls to a particular location)
- ✓ Enclose payment if applicable (A \$15.00 processing fee will be required for law firms requesting on behalf of a patient/client, payable to Novato Fire District)

Once your request has been processed, the records will be provided by the method of delivery marked on the form.

If you do not have all of the above information, please fill out the form to the best of your ability. You may drop off your request to the Novato Fire Protection District Administration building at 95 Rowland Way, between the hours of 9:00am to 4:00pm, Monday through Friday, excluding between Noon – 1:00pm. You may also fax the form to the Custodian of Records at (415) 878-2660 or mail it to:

Novato Fire Protection District  
95 Rowland Way  
Novato, CA 94945  
ATTN: Custodian of Records

Hours of Pickup are Monday – Friday 9:00am to 4:00pm. The Administrative Offices are closed from Noon to 1 p.m.