

SCOTTS VALLEY FIRE PROTECTION DISTRICT

7 Erba Lane, Scotts Valley, California 95066 (831) 438-0211 Fax (831) 438-0383

INFORMATION REQUEST FORM

SECTION 1: Requestor Information		
NAME	PHONE ()	***************************************
ADDRESS (number) (street)		
		(zip code)
REPRESENTING		***************************************
SECTION 2: Information Requested		
Incident Report Number:		
Fire Investigation Report Number:		
Fire Safety or Inspection Report		
Other:		
SECTION 3: Need		
☐ Review ☐ Copies ☐ E	ooth	
SECTION 4: Incident/Investigation Information		
Date of Incident Time of Incident	Location of Incident	Name And Andrews
SECTION 5: Facility Information (The facility	listed will be notified of this requ	uest.)
FACILITY NAME		
FACILITY ADDRESS		
(number) (street)	(city)	(zip code)
SECTION 6: A fee will be charged and is due on re	equest based upon the current Fe	e Schedule.
Signature	Date	***************************************

SOP No. 1400 Form 1400-1