

RECORDS REQUEST

El Cajon Fire Department
100 E. Lexington Avenue
El Cajon, CA 92020

El Cajon City Hall
200 Civic Center Way
El Cajon, CA 92020

Date: _____

To: City Attorney

From: _____

Name

Address

City, State, Zip

Phone Number

Property Address: _____

Incident Date: _____

Incident Number: _____

- Records to be mailed to Requester
- Records to be picked up by Requester at Fire Department
- Records to be picked up by Requester at City Hall

Additional information:

Requester Signature: _____

RECORDS REQUESTED:

INCIDENT REPORT	<input type="checkbox"/>	PRE-CARE REPORT	<input type="checkbox"/>	FIRE INVEST REPORT	<input type="checkbox"/>
		AMBULANCE BILL	<input type="checkbox"/>	CD-PHOTOS	<input type="checkbox"/>

DO NOT WRITE BELOW THIS LINE

CITY ATTORNEY RESPONSE:

Approved: _____ Disapproved: _____

Remarks: _____

Signature

Date