



Red Bluff Fire Department

APPLICATION FOR RECORDS

Return to: 555 Washington St., Red Bluff, CA 96080



Name

Representing (Client's Name – if applicable)

Address

Telephone Number

Type of Report:

Structure Fire *Vehicle Fire* *Medical** *Other*

Location of Occurrence: _____

Date of Occurrence: _____

Applicant is:

- Person listed in report (*i.e. occupant, property owner*)
- Representative of person involved (*must present letter from person who you represent authorizing release*)
- Insurance Carrier or Insurance Adjusting Agency
- Attorney (*must present letter from person who you represent authorizing release*)
- Parent/Guardian of juvenile listed in report

Signature

Date

*Fees: \$10.00 = up to 4 pages
.50¢ per page for each additional page*

** Medical reports are REQUIRED have signed waiver from individual involved or next of kin.*