



CITY OF ANAHEIM
 ANAHEIM FIRE & RESCUE
 201 S. ANAHEIM BLVD., SUITE 300
 ANAHEIM, CA 92805
 (714) 765-4040 • (714) 765-4608

REQUEST FOR PUBLIC RECORDS

Requestor Information:

Date: _____

Company Name:		Address(es):	
Contact Name:			
Address:			
City, State, Zip:			
<input type="checkbox"/> Phone:	<input type="checkbox"/> Fax:	<input type="checkbox"/> Email:	

Please check box to indicate the preferred method of contact in the event of questions

Fire Incident Report **

Fire Incident # (if known) A _____ Date of Incident: ____/____/____ Approximate Time: _____

Location of Incident (specific address or cross streets): _____

If the incident involved a vehicle, the following information must be completed:

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____

Hazardous Materials Section / Certified Unified Program Agency (CUPA)

- | | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Chemical Inventory | <input type="checkbox"/> CUPA Consolidated Permit | <input type="checkbox"/> On-site Treatment (TP) Information |
| <input type="checkbox"/> Inspection Reports | <input type="checkbox"/> Investigation Reports/Complaints | <input type="checkbox"/> Business Emergency Plan |
| <input type="checkbox"/> Risk Management Plan | <input type="checkbox"/> Correspondence/Referrals | <input type="checkbox"/> List of all USTs in Anaheim |
| <input type="checkbox"/> Hazardous Waste (HW) Generator Information | | <input type="checkbox"/> List of all ASTs in Anaheim |
| <input type="checkbox"/> Underground Storage Tank (UST) CUPA Information | | |

Life Safety Section

- | | | |
|----------------------------------------------------------------|------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Inspection Worksheet | <input type="checkbox"/> Complaints | <input type="checkbox"/> 850 Forms |
| <input type="checkbox"/> Correction Notice/Second/Final Notice | <input type="checkbox"/> Fire Code Permits | <input type="checkbox"/> Correspondence |
| <input type="checkbox"/> 5-year Sprinkler Report | <input type="checkbox"/> Private Hydrant Test Report | <input type="checkbox"/> Other |

FEES: Photocopies	Color Copies	Laserfiche	Records copied on CD
\$0.20 per page	\$0.45 per page	\$1.00 per page	\$10 per CD for the initial record series and \$1.00 per additional records series

Please note that HMS site maps are not provided and that chemical locations, financial information and personal phone numbers will be redacted/removed from all records. If items listed above are necessary for review, a certified release of information letter from the business must be presented with your request. Most HMS records are maintained in Laserfiche and have a five year retention length after they become obsolete. For UST records (prior to 1991) and HW and TP records (prior to 2001), contact Orange County Health Care Agency, Environmental Health at 714-433-6022. For UST Clean-up Information, contact the City of Anaheim Public Utilities Department at 714-765-4238. To review Anaheim Fire & Rescue records in person, call 714-765-4040 to make an appointment.

I understand that I will be notified within ten (10) calendar days from receipt of this public records request. If production of records is requested, an estimated cost will be provided to me and I agree that I will be required to submit payment for duplication costs (and mailing) prior to the production of the requested documents. If arrangements for payment and production are not made within twenty (20) days of the date of the City's response, I understand that a new request may have to be submitted.

- I wish to inspect City records (**not applicable for Fire Incident Reports) I will pick-up records Please mail records

Signature of Requestor: _____

For office use only: Record searches are retained for the current fiscal year, plus two prior fiscal years. Destruction date for documents contained in this request is 6/30/____.

Emailed DC Operations ____/____/____ Emailed Request for Extension ____/____/____ Date Report Ready ____/____/____

Amount Due: \$ _____ Amount Received: \$ _____ Date Paid _____

Method: Check# _____ Credit Card # _____ (last four digits only) Cash