



The City of Calimesa Fire Department
 Phy. Address: 906 Park Avenue, Calimesa CA92320 US
 Mail: 908 Park Avenue, Calimesa, CA 92320
 (909) 795-9801 www.CityOfCalimesa.net

Public Report Request Form

Calimesa Fire Department Records will only release copies of the following reports to specified individuals and under the following conditions:

Incident Reports

- Property owners – Must provide a valid government issue photo ID and Property tax record as indicated by the County of Riverside Office of Assessor Property Information Management System -or- Vehicle owners must provide vehicle registration.
- Insurance Companies – Must provide documentation is indicating they are representing a property owner associated with the report.
- Attorneys – Must Provide a subpoena for documentation.

Patient Care Reports

- Patients – Must provide a valid Government Issue photo ID.
- Parent or Guardian of Patient – Must provide a valid government issue photo ID and proof of guardianship in the form of a birth certificate or legal documentation indicating power of attorney or guardianship of the patient.
- Attorneys – Must Provide a subpoena for documentation,

Fire Reports

- Property owners – Must provide a valid government issue photo ID and Property tax record as indicated by the County of Riverside Office of Assessor Property Information Management System -or- Vehicle owners must provide vehicle registration.
- Insurance Companies – Must provide documentation is indicating they are representing a property owner associated with the report.
- Attorneys – Must Provide a subpoena for documentation.

The City of Calimesa is committed to providing prompt, courteous access to Public Records. All requests for documents will be reviewed within 24 hours and responded to within 10 days, in compliance with the California Public Records Act.

Please indicate which type of report is being requested (One report per request form)

Incident Report Patient Care Report Fire Report

Today's Date: ____/____/____ Phone Number: _____ DL#: _____

Name of Requestor: _____ Address: _____

Please indicate which method to receive report (10 Cents Per Page)

Pick up in person Mail to provided address(es) _____

Fax to provided Number(s) _____ Email to _____

Please indicate as much information as possible regarding the incident for the report

Date or approximate date of incident: ____/____/____ Fire Department incident number: _____

Circumstances of incident: _____

Certification

I certify as the person or representative requesting the above report that all of the above information on this form and the documentation used to authorize and identify the release of report is true and correct to the best of my knowledge.

Signature of requestor: _____ Date: ____/____/____

Official use only, do not write below this line.

Attach copies of all documents (ID's, Consent forms, etc.) used to validate requestor, proof of delivery, receipts.

Received Via: In Person Postal Service Fax/ Phone Email Verified Incident Number: _____

Total # of Pages: ____ Postage: \$____ Total Cost: \$____ Date Request Full Filled/ Declined: ____/____/____

Fulfilled by (Print): _____ Sign: _____ ID#: _____