

Visalia Fire Department
PUBLIC RECORD REQUEST FORM

NOTICE: The theft or alteration of an official document is a felony punishable under Section 6201 of the Government Code.

REQUEST BY MAIL

Mail this form to: **Visalia Fire Department - Records**
420 N Burke Street, Visalia CA 93292

GENERAL INFORMATION

Date _____ Report Type: ☐ Incident ☐ Medical ☐ Investigation ☐ Fire Inspection
Requestor Name _____ Agency _____
Mailing Address _____ Phone Number _____
Fax Number _____ Email Number _____
Requestor Signature: _____

INCIDENT/INSPECTION REPORT – A copy of a Report is available for a fee*. Please complete the following

Date of Incident/Inspection: _____ Location of Incident/Inspection: _____

MEDICAL REPORT – A copy of a medical report is available for a fee*. Please complete the following

Requestor (check one): ☐ Medical Professional/ Medical Organization ☐ Patient/Victim ☐ Patient's Victim's Parent/Legal Guardian ☐ Patient's Victim's Representative

- Due to HIPAA Federal Regulations, reports where any medical aid took place will only be released:
 - To another medical professional that we have a working agreement with (i.e. emergency room, ambulance providers).
 - To the patient or legal guardian if they appear in person with proper identification.
 - To the patient, or their representative if a notarized release is provided.
 - To answer a properly written, processed and presented subpoena. All subpoenas shall be reviewed and approved by Visalia legal representative.
- Valid ID is required when picking up medical reports and is only released by the Records Custodian.

INVESTIGATIVE REPORT – For a copy of an investigative report is available for a fee*. Please complete the following

Requestor (check one): ☐ Victim/Occupant ☐ Property Owner ☐ Insurance Company ☐ Victim's/Occupant's Representative

***Fee amount for report is \$0.20 per page when picked up; if report is faxed the fee shall be \$3.50 for the first page and \$1.90 for each additional page.**

BELOW FOR OFFICE USE ONLY

Approved for Release by _____ Records Custodian _____ Battalion Chief _____
_____ Fire Chief

☐ Need ID Verified (if req'd) _____ ☐ Copy released ☐ Copy to be mailed / faxed or emailed (circle one)
☐ Copy not released _____

Fee \$ _____ ☐ Cash ☐ Check Issued By _____ Issued Date _____