APPLICATION FOR RELEASE OF INFORMATION — SANTA ROSA FIRE DEPARTMENT

DATE AND TIME OF OCCURRENCE	TYPE OF REPORT	REPORT NUMBER (IF KNOWN)

LOCATION OF INCIDENT	NAME OF PERSON INVOLVED OR PROPERTY OWNER

NAME OF APPLICANT/AGENCY	DATE OF APPLICATION

PARTY OF INTEREST (PLEASE CHECK ONE)

IS THERE A SUIT PENDING AGAINST THE CITY OF SANTA ROSA? ☐ YES ☐ NO

- ☐ PERSON INVOLVED
- ☐ PROPERTY OWNER
- ☐ AUTHORIZED INDIVIDUAL (SIGNED AUTHORIZATION IS REQUIRED)
- ☐ PARENT/GUARDIAN OF JUVENILE PARTY
- ☐ REPRESENTATIVE OF INSURANCE COMPANY OR ADJUSTING AGENCY
- ☐ ATTORNEY
- ☐ OTHER PARTY OF INTEREST (SPECIFY)

_____

_____

CERTIFICATION

I declare under the penalty of perjury that …

☐ I am ☐ I represent ☐ I am an attorney representing…the party of interest identified in the report recorded hereon.

SIGNATURE _____

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