



NORTH CENTRAL FIRE PROTECTION DISTRICT
REQUEST OF FIRE RECORDS (RFR) – Process

1. To request a public document (fire incident report, fire investigation report, fire inspection report, or other report), a **Request of Fire Records (DFI-022) form is required**. The application must be filled out in full. If any information is not provided the application will be rejected until complete.
2. Once completed you can email the form to FireRecords@NorthCentralFire.org or hand deliver the inspection request to the NCFPD Administration offices located at 15850 W. Kearney Blvd. Kerman CA 93630. Office hours are Monday - Friday 7:00am to 3:30pm.
3. Once the **Request of Fire Records (DFI-022)** is received, an invoice will be created. This invoice will then be emailed back to you and must be paid before the report will be released. Payment options are CASH (exact amount only), CHECK OR MONEY ORDER. Please make checks payable to North Central Fire District. CREDIT OR DEBIT CARDS WILL **NOT** BE ACCEPTED. Payment can be mailed or hand delivered to:

North Central Fire Protection District
Attn: Fire Prevention – Request of Fire Records
15850 W. Kearney Blvd
Kerman CA 93630

4. Once payment is received, the fire district will release the report you requested per the instructions noted in PART II of the application. **Please note** the Fire Investigation Report, which identifies the origin and cause of the fire, includes photographs. This report is provided in hard copy form with photographs via CD/DVD.
5. If you have any questions or checking the status of your request shall be communicated via email only at FireRecords@NorthCentralFire.org Phone calls will NOT be accepted.



NORTH CENTRAL FIRE PROTECTION DISTRICT REQUEST OF FIRE RECORDS (RFR)

 FIRE INCIDENT REPORT

(\$3.00 PER PAGE)

 FIRE INVESTIGATION REPORT

(\$312.00)

 Other Report

(Inspection Report, etc. \$3.00 per page)

PART I

REQUEST DATE:	FIRE INCIDENT NUMBER:
INCIDENT LOCATION:	INCIDENT DATE:
NAME OF BUSINESS:	BUS. ADDRESS:

PART II

PERSON REQUESTING REPORT:	
ADDRESS:	CITY:
PERSONAL I.D. (CDL OR OTHER):	PHONE:
REPRESENTING (COMPANY OR PERSON):	
ONCE REPORT IS APPROVED FOR RELEASE:	Please use our reference number when responding to requests by e-mail. The reference number for this specific request is:
<input type="checkbox"/> PICK UP REPORT AT FIRE DISTRICT	
<input type="checkbox"/> E-MAIL REPORT TO:	
<input type="checkbox"/> FAX REPORT TO:	
<input type="checkbox"/> MAIL REPORT:	

PART III – OWNER'S INFORMATION

OWNER OR INSURED NAME:	PHONE:
OWNER'S ADDRESS:	CITY:
NAME OF OCCUPANT:	TYPE OF OCCUPANCY:

PART IV: INSURANCE INFORMATION

INSURANCE COMPANY:	
ADDRESS:	CITY:
NAME OF AGENT:	PHONE:
INSURANCE POLICY NO.:	CLAIM NO.:

FOR OFFICAL USE ONLY

DATE RECEIVED:		SENT FOR APPROVAL:		DATE PAID:	
DATE PROCESSED:		BACK FROM APPROVAL:		AMOUNT PAID:	

All requests will be processed pursuant to California Government Code § 6250 et seq.