



REQUEST FOR PUBLIC RECORDS

Bolinas Fire Protection District

PO Box 126
Bolinas, CA 94924

Phone: (415) 868-1566 Fax: (415) 868-2009

Date of Request: _____

Contact Information:

Requester Name:	Phone Number: ()
Company (if applicable):	Alternate Number: ()
Address:	Fax Number: ()
City/State/Zip:	Email Address:
	Preferred Communication: Phone <input type="checkbox"/> Email <input type="checkbox"/>

Please describe the records you are requesting and any additional information that will help identify and locate relevant records. Failure to provide information sufficient to identify records may cause a delay. Please include a date range/time frame of records you are seeking if applicable.

- I want to review records in person (we will contact you for an appointment).
- I would like duplication of records (you will be notified of estimated costs prior to duplication)