



Orange County Fire Authority

Clerk of the Authority Office

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PUBLIC RECORDS REQUEST FORM

Your request will be processed in compliance with the Public Records Act California Government Code § 6253.

Please complete form in its entirety. The more specific you are with the information you are requesting, including dates, address etc. the more responsive we may be to your request. Requestor will be notified in writing if additional time will be necessary. All document duplication fees are due and payable in full prior to release and are based on the Agency's [current fee resolution](#). We will notify you of actual amount due and payment options once record(s) is identified.

In submitting your form, if you are using Internet Explorer as your web browser, you may email completed form by clicking [here](#). All other web browsers, please complete form, save as a PDF file and email to address noted above.

Date of Request: _____

Requestor's Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone w/Area Code: _____ Fax w/Area Code: _____

Email Address: _____

Delivery Preference: Pick-up ___ Mail ___ (must pay postage at US Rate) Fax ___ (additional \$0.10 per page)

Select Request Type: Incident Report ___ Investigation Report ___ Public Records ___

Please provide the following detailed information relative to type of request:

Incident/Investigation Report Request:

Date of Incident: _____

Location of Incident: _____

Public Records Request:

Request Details: _____

To be completed by Clerk's staff:

Incident Number(s)/PRA: _____

Completed by: _____ Date Completed: _____

Page Count/Materials Provided: _____ Time to Complete: _____