



CUPA
San Bernardino County Fire Protection District • Hazardous Materials Division
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FILE REVIEW REQUEST

- I hereby request access to, or copies, of the following identified record at no charge other than the fee for any copies at 25 cents per page.
- I hereby request access to the Hazardous Materials Emergency Business Plan only, pursuant to Chapter 6.95, Health and Safety Code, Community Right-to-Know provisions.
- I am the owner of the facility or property described below.

FACILITY OR PROPERTY NAME _____

PROPERTY ADDRESS _____

(Exact address must be provided.) _____

RECORD TYPE _____

RECORD DATE _____ FILE OR I.D. NO. _____

DOCUMENT DESCRIPTION _____

REQUESTED BY:

Individual Name _____ Title _____

Company Name _____

Mailing Address _____

Phone No. () _____ Fax () _____

Email address: _____ @ _____

SIGNATURE: _____ DATE _____

This is NOT a request for Certified Hazardous Materials Records Search Finding Report.
Records retrieved and provided are based solely on the information provided above.
A separate application is required for each record requested.

Access to or copies of any reasonably identified record not otherwise restricted by law or exempt from disclosure will be provided without charge except direct costs of duplication.

Copies of records will be made at a charge of 25 cents per page. Or, you may bring a portable copier or digital camera to your appointment, or contact a private copy service who can come on site, make copies, and arrange delivery to you. We are unable to authorize removal of original records from this office.

Hazardous Materials Division files are working files and may be signed out to various Division program staff. As a result, there may be a delay in retrieving records if records are signed out to staff. Once the record is retrieved and evaluated, a file review appointment can be scheduled. You will be contacted by phone to schedule an appointment or arrange copies.

Records provided for public review are screened and evaluated for information for which disclosure is not required or is prohibited by law, or for which the interest in non-disclosure clearly outweighs the interest served by disclosure.

AGENCY USE

Contacted _____

Appt. ___/___/___ ___:___ am/pm

Reference ID FR- _____

Date Rcvd ___/___/___