BREA FIRE DEPARTMENT

INFORMATION REQUEST

DATE:_____

NAME OF PERSON MAKING REQUEST:_____

COMPANY NAME:_____

ADDRESS:_____PHONE#:_____

PURPOSE OF REQUEST:_____

SIGNATURE OF REQUESTING PERSON:_____

NAME OF BUSINESS FOR WHICH REQUEST IS MADE:_____

ADDRESS:_____

NOTE: ***FOR ADDITIONAL UNDERGROUND RECORDS PLEASE CONTACT COUNTY OF ORANGE HEALTH CARE AGENCY/ENVIRONMENTAL HEALTH DIVISION AT (714) 433-6261.***

****

DEPARTMENT USE ONLY

TRADE SECRET STATUS: YES_____ NO_____

DATE OF NOTIFICATION:_____

APPROVAL OF INFORMATION RELEASE:_____

DATE OF INFORMATION RELEASE:_____