

## Request For Fort St. John Fire Service Records

Date of Request: \_\_\_\_\_

### REQUESTOR'S INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

File Number: \_\_\_\_\_

Company: \_\_\_\_\_

### AUTHORIZATION

Are you requesting access to another person's personal information? **YES** or **NO**

If you answered yes, please note: Section 22 of the *Freedom of Information and Protection of Privacy Act* requires the City to remove personal information unless the individual has consented in writing for it to be disclosed to you. You will not receive someone else's personal information if you do not include authorization to release from that person.

### INFORMATION REQUESTED

Name of Record	Fees Listed are per Incident plus GST	✓
Incident Report and photos (if applicable)	<b>\$150.00</b>	<input type="checkbox"/>
Dispatch recording	<b>\$200.00</b>	<input type="checkbox"/>

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**MOTOR VEHICLE INCIDENT: FEE \$150.00**

**DISPATCH RECORDING: FEE \$200.00**

Address or Intersection: \_\_\_\_\_

Incident date: \_\_\_\_\_ Incident time: \_\_\_\_\_

Please indicate who you are or who you represent and your vehicle (or your client's) (if applicable):

Driver  Vehicle Make/Model/Colour/Plate No.: \_\_\_\_\_

Passenger  Vehicle Make/Model/Colour/Plate No.: \_\_\_\_\_

Pedestrian  \_\_\_\_\_

Any additional comments: \_\_\_\_\_

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**MEDICAL CALL: FEE \$150.00**

Address or Intersection: \_\_\_\_\_

Incident date: \_\_\_\_\_ Incident time: \_\_\_\_\_

**STRUCTURE FIRE: FEE \$150.00**

**DISPATCH RECORDING: FEE \$200.00**

Address or Intersection: \_\_\_\_\_

Incident date: \_\_\_\_\_ Incident time: \_\_\_\_\_

**MOTOR VEHICLE FIRE: FEE \$150.00**

**DISPATCH RECORDING: FEE \$200.00**

Address or Intersection: \_\_\_\_\_

Incident date: \_\_\_\_\_ Incident time: \_\_\_\_\_

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Personal information is collected for the purposes of processing your request for records. The City of Fort St. John is collecting this information under s.26(c) of the Freedom of Information and Protection of Privacy Act. For questions regarding the collection of personal information, please contact City Hall c/o FOI Coordinator at 10631 – 100 Street, Fort St. John, BC V1J 3Z5, call 250-787-8150 or email [legislativeservices@fortstjohn.ca](mailto:legislativeservices@fortstjohn.ca).

**Return this form with payment to:**

**City Hall: 10631 100 Street, Monday to Friday, 8:30 am – 4:30 pm**

Contact Fire Department: 250 785 4333 | 250 787 0080 facsimile | [fire@fortstjohn.ca](mailto:fire@fortstjohn.ca)

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**OFFICE USE ONLY**

Received date:

Received by:

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