Edwin M. Lee
Mayor

Department of Emergency Management
1011 Turk Street, San Francisco, CA 94102

Division of Emergency Communications
Phone: (415) 558-3800 Fax: (415) 558-3843

Division of Emergency Services
Phone: (415) 487-5000 Fax: (415) 487-5043

Anne Kronenberg
Executive Director

CUSTODIAN OF RECORDS
REQUEST FOR DISPATCH RECORDS INSTRUCTIONS
(San Francisco Sunshine Ordinance, Administrative Code §67.1 et. seq.)

Attention Requestor:

On the attached Request for Records Form, fill out each line as applicable. In order for your request to be processed, please specifically identify the information you are attempting to obtain.

The following information must be supplied:

- ✓ Date of your request
- ✓ Name, address and contact telephone number
- ✓ CAD or incident number
- ✓ Date of the incident
- ✓ Location of the incident
- ✓ Any other identifying information (i.e. requests for all calls to a particular location)
- ✓ Enclose payment if applicable

Once your request has been processed, the records will be provided by the method of delivery marked on the form. If there is a question regarding your request, the Custodian of Records Office will contact you directly prior to processing your request.

If you do not have all of the above required information, please fill out the form to the greatest extent possible. You may fax the form to the Custodian of Records Office at (415) 558-3869 or mail it to:

Department of Emergency Management
1011 Turk St.
San Francisco, CA 94102
ATTN: Custodian of Records

SAN FRANCISCO DEPARTMENT OF EMERGENCY MANAGEMENT

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Custodian of Records

Request for Dispatch Records

(San Francisco Sunshine Ordinance, Administrative Code §67.1 et. seq.)

Date of Request: _____ **NOTE: No Same Day Service Available**

Requestor Name: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Records Requested: ☐ CAD Printout ☐ Telephone Audio ($35) ☐ Radio Audio ($35)
☐ Other (specify): _____

CAD Number: _____ Case or Incident Number: _____

Date of Incident: _____ Time of Incident: _____

Incident Location: _____

Other identifying information or details (be specific): _____

BELOW FOR SFPD OR OTHER SWORN OFFICERS ONLY

Rank, Name, Star #: _____

Company/Bureau: _____

Telephone: _____

Sgt., Lt., Cpt. Approval (with Star #): _____

SPECIAL NOTE: THIS FORM IS NOT TO BE USED FOR VIDEO FOOTAGE; USE THE CAMERA REQUEST FORM

Method of Delivery: (please check the requested method of delivery)

☐	I would like to **inspect** the records. Please advise me when the records are available for inspection at a location designated by the Department of Emergency Management.
☐	I would like to **pick up** copies of the records from Department of Emergency Management Headquarters. Please advise me when the records are ready. I understand that I must pay any applicable fees before the Department will release the copies to me.
☐	Please **mail** the records to the address above. I understand that I must pay any applicable fees before the Department will send the records.

Fee Schedule for Non-City & County Entities:

Audio = $35.00 per CD
Other Records = no charge if under 100 pgs.; $ 0.10 per pg. if greater than 100 pgs.

For Office Use Only

Date Completed: _____ Completed By: _____

Comments: _____