

SUNNYVALE FIRE PREVENTION AND HAZARDOUS MATERIALS FILE REVIEW REQUEST FORM

Phone: 408-730-7212 Fax: 408-328-0726

Date:

ivaii	ie. Company:		
Stre	et Address:		
City	, State, Zip:		
Telephone: Email:			
Т	o expedite our response, check here if the File Request is limited to open	violations	
	Complete Address of Requested File(s)	Fire Inspection Records	HazMat Inspection Records
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
*Plea	ase list additional addresses on the back of this form or on an additional page.		
	Notes to Staff:		
	V		
 You will receive email confirmation of your request upon receipt. Records will typically be available for review within 10 days of the request receipt date. We will 			
contact you within this timeframe to inform you of the records search results or that more time is			
needed.			
File contents must not be altered or removed when viewing records.			
Hard copies can be produced at \$.10 per page.			
 Digital files that are too large to send via email can be saved to disc for a fee of \$2.00 per disc. 			
 For further information and records, you may need to contact Santa Clara County Environmental 			
Health, Bay Area Regional Water Quality Control Board, and/or the Santa Clara Valley Water			
	District.		
Sign	ature (printed or electronic)		