



London N Breed
Mayor

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

Phone: (415) 558-3826
Fax: (415) 558-3869



Mary Ellen Carroll
Executive Director

CUSTODIAN OF RECORDS
REQUEST FOR DISPATCH RECORDS INSTRUCTIONS
(San Francisco Sunshine Ordinance, Administrative Code §67.2.seq.)

Dear Requestor:

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

The following information must be supplied:

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

If you do not have all of the above required information, please fill out the form to the greatest extent possible. Incomplete requests may delay our ability to process the request in a timely manner.

We can use a police case number to locate your CAD record; however, we do not have access to San Francisco Police reports in this office. For copies of a police report, contact SFPD – Record Management at 415.575.7232 or email them at sfpd.records@sfgov.org.

If your request requires a payment, we currently accept cash, check, or money order. To avoid delays in receipt of your request, please include payment in the exact amount due with the request form.

WE CANNOT PROVIDE RUSH SERVICE. Requests are processed in the order received. While we process requests as quickly as possible, we have up to 10 calendar days to accept or deny the request. You do not need to call to check on the status of your request.

You may drop your request in the drop-box in the lobby of our building Monday-Friday between 8:00 a.m. & 5:00 p.m. You may also fax the form to us at (415) 558-3869 or mail to:

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



SAN FRANCISCO DEPARTMENT OF EMERGENCY MANAGEMENT

Custodian of Records

Request for Dispatch Records

(San Francisco Sunshine Ordinance, Administrative Code §67.1.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): _____

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

Please Note: We currently cannot produce records in a digital format or by email.

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: (City & County Departments DO NOT use this request form)

Audio = \$35.00 per CD (To avoid a delay in receipt of records, please include payment with request)

Please pay the exact amount due. We cannot make change or accept partial payments.

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: _____
