



# Los Angeles City Fire Department

Telephone (213) 978-3691 Fax (213) 978-3615

200 N. Main St., 17th FL, Los Angeles CA 90012

## Request for Information Hazardous Materials Records

**\* COMPLETE ONE FORM FOR EACH ADDRESS**

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

Requestor's Name: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Company/Agency: \_\_\_\_\_ Ph. #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Unit/Ste. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Information is requested for

Active Facilities Only

Check all that apply:  Inventory Summary  Review File

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

Storage Address: \_\_\_\_\_ Unit/Ste. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

### FOR OFFICE USE ONLY

NO INFORMATION ON FILE

HARD FILE DESTROYED

INFORMATION AVAILABLE

Facility I.D. No.: \_\_\_\_\_

Request No. : \_\_\_\_\_

Processed Date: \_\_\_\_\_

APPT. TO REVIEW FILE: \_\_\_\_\_

Fee Schedule:

Inventory Summary \$11.00

Request Review File Copies:

Initial Fee \$ 1.10

# of pgs. \_\_\_\_\_ x \$0.10 = \$ \_\_\_\_\_

Processor Signature: \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**Allow 5 working days for processing: 30 Days for File Review "WEDNESDAY ONLY"**