



Dear Resident or Business/Building Owner,

The Central County Fire Department has responded to your residence or business on an emergency basis in your absence. Please refer to the checked box below for further information.

TYPE OF ALARM REPORTED TO THE FIRE DEPARTMENT

- | | |
|---|--|
| <input type="checkbox"/> Automatic Fire Alarm | <input type="checkbox"/> Medical Alarm |
| <input type="checkbox"/> Smoke Investigation | <input type="checkbox"/> Water Damage |
| <input type="checkbox"/> Fire Problem | <input type="checkbox"/> Other Situation |

ACTION TAKEN BY FIRE DEPARTMENT OFFICIALS

- | | |
|---|--|
| <input type="checkbox"/> Entry by Forced Entry | <input type="checkbox"/> Alarm Reset |
| <input type="checkbox"/> Entry by Issued Key | <input type="checkbox"/> Water Removed |
| <input type="checkbox"/> Fire Extinguished | <input type="checkbox"/> Smoke Removed |
| <input type="checkbox"/> Interior/Exterior Searched | <input type="checkbox"/> Other |
| <input type="checkbox"/> Alarm Disconnected | |

Comments: _____

If you need further assistance, please call (650) 558-7600.

Date: _____ Time: _____

Officer in Charge: _____