



Electronic Recording Delivery System FAX Transmission Cover Sheet

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DATE: _____ TIME: _____ NO. OF PAGES: _____
(INCLUDING COVER SHEET)

TO: **Electronic Recording Delivery System Program**

NAME: _____

OFFICE: DOJ/CJIS/ERDS

LOCATION: 4949 Broadway, Room C217B, Sacramento CA

FAX NO: (916) 227-0595 PHONE: (916) 227-8907

FROM:

NAME: _____

OFFICE: _____

LOCATION: _____

FAX NO: _____ PHONE: _____

MESSAGE/INSTRUCTIONS

The County of _____ hereby notifies the ERDS Program that a reportable incident of safety/security violation has occurred on _____. (Refer to the California Code of Regulations Title 11, Division 1, Chapter 18, Article 9, section 999.220.)

A detailed incident report and a Modified System Incident Audit report shall be submitted to the ERDS Program, Computer Security Auditor, District Attorney(s), and the Board of Supervisors, within ten business days of the incident(s) date.

By this notification, it is understood that the ERDS Program reserves the right to investigate all reported security/safety violations and take any action deemed appropriate and/or necessary to protect the security and stability of the ERDS.

(County Recorder Signature)

(Date)

PLEASE DELIVER AS SOON AS POSSIBLE!
FOR ASSISTANCE WITH THIS FAX, PLEASE CALL THE SENDER