



PUBLIC RECORDS REQUEST

Name: _____ Phone: _____

Mailing Address: _____

Fax: _____ Email Address: _____

Description of Public Document Requested: _____

If request is for Incident Report: Date of Incident: _____

Location of Incident: _____

Number of Copies: _____ Inspection Only: Yes No

"I _____, hereby verify by my signature that any and all information or documents obtained through the Public Records process will not be used for commercial purposes"

Signature of Requesting Party Date: _____

Received by: _____ Date/Time: _____
Fire District Employee

----- Below For Office Use Only -----

If Request is Withheld in Part or Full, Fill Out This Section

Record Withheld Request Withheld In Part Time: _____ Date: _____

If withheld, name the exemption contained in RCW 42.17.310 which authorized the withholding of the record or part of record: Subsection _____

If withheld, explain how the exemption applies to the record withheld:

Signature _____

Approved By: _____ Date: _____
Records Specialist

Delivered By: _____ Date/Time: _____
Name

How Delivered: Hand Mail Faxed Email

Cost: _____
* General Records -- .10 each page
* Electronic Records -- No charge