



PUBLIC RECORDS REQUEST FORM

The following information is to be filled out by the person requesting records.

Date of Request: _____ Name of Requestor: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Email Address: _____

Please describe the records you are requesting and any additional information that will assist us in locating the records as quickly as possible. Failure to provide information sufficient to identify the record may result in denial of the request.

I understand I may review records without charge. I further understand that if I request copies, a USB drive or other media, I must pay for the records as provided in the Fire District's current fee schedule. I acknowledge that I am required to pay all charges associated with my request.

I wish to:

- ☐ Inspect records at no charge.
- ☐ Receive paper photocopies at a cost
- ☐ Receive electronic records at a cost.
- ☐ Receive records in an alternate format. (please describe in detail above)

By signing below I certify that the information I am requesting will not be used for commercial purposes as prohibited by RCW 42.56.070(9)

Printed Name _____ Signature _____

In accordance with RCW42.56.520, you will be notified within five business days regarding the availability of the records you have requested. Such notification may advise you that additional time is needed to locate and assemble the records, notify third persons, redact information containing material that is exempt from disclosure or obtain clarification from you regarding this request. Failure to respond to the Fire District's request for clarification shall relieve the Fire District of its duty to respond to this request. Records may be produced in installments as provided by RCW 42.56.120.

"Volunteering to Make a Difference"

