PUBLIC RECORDS REQUEST (307.7.2)

Name: _____ Phone: _____

Mailing Address: _____

Fax: _____ Email Address: _____

Description of Public Document Requested*: _____

_____

If medical records are requested, you must attach an **Authorization Form (307.7.4). You must identify the legal basis for requesting records without a patient's consent or they shall be redacted.*

If request is for Incident Report:

Date of Incident: _____ Location of Incident: _____

Number of Copies: _____ Inspection Only: ❑ Yes ❑ No

"I _____, declare under penalty of perjury under the laws of the State of Washington that I do not intend to use any list of individuals that may be covered by this request for commercial purposes."

_____ Date: _____

Signature of Requesting Party

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 ❑ Record Redacted ❑

Date: _____Time: _____ Name of individual needing consent:_____

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:

_____

_____

Signature _____

Approved By: _____ Date: _____

Records Specialist

Delivered By: _____ Date/Time:_____

Name

How Delivered: Hand ❑ Mail ❑ Faxed ❑ Email ❑ Other ❑ _____

Cost: _____ * See attached Fee Schedule

email form to: recordsrequest@snohomishfire.org OR press SUBMIT button SUBMIT