PUGET SOUND
REGIONAL FIRE AUTHORITY
INTERNATIONALLY ACCREDITED FIRE AGENCY
Matthew Morris Fire Chief

Professionally and compassionately helping people

PUBLIC RECORDS REQUEST

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____ _____

E-Mail Address: _____ Fax: _____

Date of Record/Incident (if known): _____

Address of Record/Incident (if known): _____

Please describe the records in as much detail as possible and what you would like copies of (i.e. incident report, medical report, etc.)*:

**If the identified records include medical records of a patient, you must also attach a patient authorization form. If you do not have the patient's consent, the records will be redacted unless you identify the legal basis under which patient consent is not required.*

I understand charges may apply for copies as outlined in the Puget Sound Fire public records policy.

☐ I wish to have copies/duplicates of the records indicated above.

☐ I wish to make an appointment to review the records indicated above before copies are made.

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.

Signature: _____ **Date:** _____

For Office Use Only: **Date received:** _____ **Time:** _____

1. Records Released: _____ Records Withheld: _____ Records Redacted: _____
2. If consent is needed, name of individual: _____
3. If withheld or redacted, identify the exemption contained in Chapter 42.56 RCW or other applicable statute that authorizes the withholding of the record or part of record:
4. If withheld or redacted, explain how the exemption applies to the record withheld:

Date of Final Response: _____ **Signature:** _____