PUGET SOUND REGIONAL FIRE AUTHORITY
INTERNATIONALLY ACCREDITED FIRE AGENCY

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** _____

Community Risk Reduction
400 W Gowe Street, Suite 414, Kent, Washington 98032
Phone: 253.856.4400 • Fax: 253.856.6301 • pugetsoundfire.org
Serving the communities of Covington, Kent, Maple Valley, SeaTac, Tukwila, Fire Districts 37 & 43