



DECLARATION OF REQUESTOR'S IDENTITY

First and Last Name: _____

Provide a description below of the records you are requesting.

I am entitled to these records because I am one of the following and nobody in a prior category exists or has been appointed (circle one):

- (i) The appointed guardian of the patient, if any.
- (ii) The individual, if any, to whom the patient has given a durable power of attorney that encompasses the authority to make health care decisions.
- (iii) The patient's spouse or state registered domestic partner.
- (iv) Children of the patient who are at least eighteen years of age.
- (v) Parents of the patient.
- (vi) Adult brothers and sisters of the patient.
- (vii) Adult grandchildren of the patient who are familiar with the patient.
- (viii) Adult nieces and nephews of the patient who are familiar with the patient.
- (ix) (ix) Adult aunts and uncles of the patient who are familiar with the patient; and
- (x) (A) An adult who meets the requirements of RCW 7.70.065(1)(a)(X).

I am providing a true and correct copy of my driver's license or other state-issued ID, which is attached to this declaration [Please initial photocopy].

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.

SIGNATURE

DATE

Public Records Officer

400 W Gowe Street, Suite 414, Kent, Washington 98032

Request line: 253.856.4410 • Direct: 253.856.4487 • Fax: 253.856.6301 • pugetsoundfire.org

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