

**SPOKANE COUNTY FIRE DISTRICT 10**  
**SAFETY & OPERATIONS MANUAL**

---

---

***Request for Public Records***

**FAX:** 509-244-2421 OR **MAIL:** 929 S Garfield Rd, Airway Heights WA 99001

In Accordance with the provisions of RCW 42.56 the following information is required for release of public records:

**REQUESTING PARTY INFORMATION:** \_\_\_\_\_ **DATE REQUESTED:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PURPOSE OF REQUEST (NOT REQUIRED):**

- INSURANCE REPRESENTATIVE     NEIGHBOR     INVESTIGATOR  
 OWNER/OCCUPANT     OTHER \_\_\_\_\_

**INFORMATION/ DOCUMENTS REQUESTING:**

- FIRE REPORT     BUILDING INSPECTIONS  
 **MEDICAL REPORT**     OTHER \_\_\_\_\_

**DATE OF INCIDENT:** \_\_\_\_\_ **INCIDENT ADDRESS:** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

**\* Medical records will not be released without proper authorization from the patient and appropriate identification from the requestor.**

**REQUESTING PARTY'S SIGNATURE:** \_\_\_\_\_

**FEES: Call for Total**

• POSTAGE <i>To be determined</i>	• COPIES	\$0.15 PER PAGE
	• CD W/PHOTOS (IF AVAILABLE)	\$0.30 PER CD

**PAYMENT BY CHECK ONLY:** MADE PAYABLE TO: SPOKANE CO FIRE DISTRICT 10.

----- Department Use Only -----

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Request Granted** \_\_\_\_\_ **Record Withheld** \_\_\_\_\_ **Record Redacted** \_\_\_\_\_

**If consent needed, name of individual:** \_\_\_\_\_

**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 the record:** \_\_\_\_\_

**If withheld or redacted, explain how the exemption applies to the record withheld or redacted:**

\_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_