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 To be determined
• 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

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: __________________________