

SPOKANE COUNTY FIRE DISTRICT 10
Request for Public Records

RETURN REQUESTS TO:

EMAIL: info@SCFD10.org

OR

MAIL: 929 S Garfield Rd, Airway Heights, WA 99001

Under the provisions of RCW 42.56, the following information is required for the release of public records.

REQUESTING PARTY:

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 _____

INCIDENT DATE: _____

PATIENT NAME: _____

INCIDENT ADDRESS: _____

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

REQUESTING PARTY'S SIGNATURE: _____

FEES:

Fees are determined once the record is ready. SCFD10 will contact you to discuss any fees owed.

----- **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:** _____