NORTH HIGHLINE FIRE DISTRICT

1243 SW 112th Street Seattle, WA 98146 •206-243-0330 •FAX 206-244-8418 •office@northhighlinefd.org

Request for Public Records

NAME OF REQUESTER ______________________________

ADDRESS ______________________________

(Please provide current address and telephone information where you can be reached, if necessary)

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DATE OF REQUEST ____________________ TIME OF REQUEST ______________

NATURE OF REQUEST ☐ Fire Report ☐ Aid Report ☐ Other TELEPHONE # ______________

If other, describe: ______________________________

1) RECORDS REQUESTED (i.e. name of party, date, time, address, fire/medical)

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2) INSPECTION ONLY (initial) ______________________________

3) NUMBER OF COPIES REQUESTED ______________________________

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: ______________________________

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FOR OFFICE USE ONLY: Incident Number: ______________

Request Granted ☐ Records Withheld ☐ Records Withheld in Part ☐

Date: ______________ Time: ______________ Authorized Patient Release Received ☐

(For Aid Report Requests Only)

1) If withheld, name the exemption contained in RCW 42.17.310 or 70.02.050 which authorizes the withholding of the record or part of the record.

2) If withheld, explain how the exemption applies to the record withheld:

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SIGNATURE: ______________________________