

PACIFIC COUNTY FIRE DISTRICT NO. 1  
REQUEST FOR PUBLIC RECORDS

Return to:  
Pacific County Fire District 1  
PO Box 890  
Ocean Park, WA 98640  
FAX: 360-665-4909

Name of Requestor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Request: \_\_\_\_\_ Time: \_\_\_\_\_

NATURE OF REQUEST:

1. Type of Record(s) Requested: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Incident Address: \_\_\_\_\_
2. Intent of Request: \_\_\_\_\_
3. I certify the records will not be used for commercial purposes.

Signature: \_\_\_\_\_

***Per RCW 42.56.520 this request will be responded to within 5 business days of received request.***

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FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

1. Request Record Record  
Granted \_\_\_\_\_ Withheld \_\_\_\_\_ Withheld In-part \_\_\_\_\_

2. Type of Record Released: \_\_\_\_\_ Incident #: \_\_\_\_\_

3. If consent is needed, name of patient: \_\_\_\_\_

a. If withheld, identify the exemption contained in RCW 42.56.230 or other applicable statute that authorizes the withholding of the record or part of record:

\_\_\_\_\_

b. If withheld, explain how the exemption applies to the record withheld: \_\_\_\_\_

\_\_\_\_\_

Date Released: \_\_\_\_\_ Time Released: \_\_\_\_\_

Signature: \_\_\_\_\_ (District Representative)