

King County Fire District #2 900 SW 146th Street Burien, WA 98166 P: (206) 242-2040 | F: (206) 433-6042

Public Records Request RCW 42.56				
Date:				
Name of Requestor:				
Address:				
City:	State:		ZIP:	
Phone:	Email:			
Identification/Description of Rec record request. We will be better al requesting. Your description of the locate the records you seek. Please departments, or people involved,	ble to process your req e record must be reaso e identify specific date	uest if you nably and s s, location	clearly identify sufficiently ider s, buildings, p i	the record you are ntifiable to enable us to remises, topics,
Date of Incident:	Pe	rson Invol	ved:	
Location:	US	ST ()	FCV ()	Other ()
Description:				
 Paper copy (\$.15 per page m. View by appointment. (Dat Fax (Please include fax numb Requestor's Signature: 	te requested) per)			
	For Internal Offi	<u>ce Use Only</u>	<u>r</u>	
Date received:	()	Request Ap	proved	(_) Request Denied
Explanation of Denial:				
Reviewed/Approved by: Incident #:				_
If applicable: # of Pages Am	nount Charged	<i>Fee Paid By:</i>	(_) Cash (_)	Check Receipt #