



**King County Fire District #2**

900 SW 146<sup>th</sup> 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 Records Sought:** Please be as specific as possible when completing this public record request. We will be better able to process your request if you clearly identify the record you are requesting. Your description of the record must be reasonably and sufficiently identifiable to enable us to locate the records you seek. Please identify **specific dates, locations, buildings, premises, topics, departments, or people involved**, it will better assist us in locating the requested records.

Date of Incident: \_\_\_\_\_ Person Involved: \_\_\_\_\_

Location: \_\_\_\_\_ Fire ( ) Other ( )

Description: \_\_\_\_\_

**Please check preference**

- Electronic version *(Please include email address)* \_\_\_\_\_
- Paper copy *(\$ .15 per page may be charged)* ( ) Mail record ( ) I will pick up record
- View by appointment. *(Date requested)* \_\_\_\_\_
- Fax *(Please include fax number)* \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Office Use Only**

Date received: \_\_\_\_\_ ( ) Request Approved ( ) Request Denied

Explanation of Denial: \_\_\_\_\_

Reviewed/Approved by: \_\_\_\_\_ Release Date: \_\_\_\_\_

Incident #: \_\_\_\_\_

*If applicable: # of Pages* \_\_\_\_\_ *Amount Charged* \_\_\_\_\_ *Fee Paid By: ( ) Cash ( ) Check Receipt #* \_\_\_\_\_