



# King County Fire District #2

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Burien, WA 98166

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Return Email: [info@king2fd.org](mailto:info@king2fd.org)

## 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
- 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 # \_\_\_\_\_