



King County Fire District #2

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Burien, WA 98166

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Return Email: 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: _____ UST FCV 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 # _____