



REQUEST FOR PUBLIC RECORDS

INSTRUCTIONS: Requestor completes REQUESTOR section and PUBLIC RECORDS/ INFORMATION REQUESTED. Attach legal or other explanatory documents.	FOR OFFICE USE ONLY	
	Date _____	Time _____ am pm
Request received by _____		
This completed form is an open public document and may be released to any requester. Unless otherwise notified, agency response will be completed within five (5) working days.		
Name of requester _____ Phone _____ Fax _____		
Address _____ City _____ State _____ Zip _____		
Email Address _____		
How would you like to receive this request: <input type="checkbox"/> Pick up <input type="checkbox"/> Mail to above address <input type="checkbox"/> Email <input type="checkbox"/> Fax		
PUBLIC RECORDS/INFORMATION REQUESTED (If illness or injury is involved, attach Authorization to Release Health Care Information form)		
I wish to <input type="checkbox"/> inspect; or <input type="checkbox"/> receive a copy of the following specific record(s): _____ _____ _____		How was request made: <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> E-mail (attach Request)
To assist with record identification, list date and address of incident for the records you seek, if known. _____ _____		
I certify that the information obtained through this public record request will not be used for commercial purposes.		
Requester's Signature _____ Date of Request _____		
AGENCY RESPONSE		
<input type="checkbox"/> Allow Access	Charge is \$1.00 for each photocopy, plus the cost of any postage and container used to mail the records. The records you have requested are legally exempt from public disclosure by the following authority:	
<input type="checkbox"/> We do not have the record(s)		
<input type="checkbox"/> Deny Access		
Authorized Signature: _____ Date: _____		
REQUESTER NOTIFICATION		
Name of person notified: _____ Date: _____ Time: _____ AM PM		
<input type="checkbox"/> By Mail <input type="checkbox"/> By Phone <input type="checkbox"/> In Person <input type="checkbox"/> By e-mail		
Signature of notifying person: _____		
Recipient's Signature: _____ Date of Receipt: _____		

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