

REQUEST FOR PUBLIC RECORDS

S.E. THURSTON FIRE AUTHORITY P.O. BOX 777 709 MILL RD SE YELM WASHINGTON 98597 (360) 458-2799

INSTRUCTIONS: Requestor completes REQUESTER 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 d response will be completed within five (released to any requester. Ur	nless otherwise	notified, agency			
Name of Requester	Phone	Phone					
Address			State	Zip			
Email Address							
How would you like to receive this re	quest: 🗖 Pick up	☐ Mail to above address	□ Email	□ Fax			
PUBLIC RECORDS/INFORMATION REC (If illness or injury is involved, attach Aut I wish to inspect; or receive a copy of t	horization to Release		How In	was request made: person			
				ail			
To assist with record identification, list date a	nd address of incident f	or the records you seek, if known.					
	Charge is \$1.00 for e mail the records.	ge is \$1.00 for each photocopy, plus the cost of any postage and container used to the records.					
	The records you have requested are legally exempt from public disclosure by the following authority:						
Authorized Signature:	Date:						
REQUESTER NOTIFICATION	SEPTEMBER 1	世界の大きないという		The Real Road			
S.E. Thurston Fire Authority has produ	uced documents fo	r this Public Records Request	and fulfilled t	:his request via:			
□ By Mail □ By E-Mail Name of person notified: □ In Person		Date:_	Tir	ne:am pm			
Signature of notifying person:							
I certify that the information obtaine							
Recipient's Signature:		Date of Receip	ot:				
S.E. Thursto	on Fire Authori	ty is now closing this I	request.				
The Public Records Act one-year statute of lin	mitations to seek judici	al review has started to run becau	se S.E. Thurston	Fire Authority does not			

intend to further address the request. The requester may ask follow-up questions within 15 days.



AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

S.E. THURSTON FIRE AUTHORITY P.O. BOX 777 709 MILL RD SE YELM WASHINGTON 98597 (360) 458-2799

I understand that by authorizing the release of the			FOR OFFICE US	E ONLY			
relinquishing any privilege or right which I may have to keep said records confidential or to prevent their disclosure. I hereby agree to hold S.E. Thurston Fire Authority and all of its officers, employees and agents harmless from any and all claims that may be made			Date:	Time:	AM PM		
against them on account of the release of the belo authorized.	ow-described records as here	n	Received by:				
Р							
A Name	SSN			Date of Birth	1		
Address	City		State	Zip			
Phone Phone	Driver License No.		Previous Name, if ar	ny			
I request and authorize S.E. Thurston F	Fire Authority to release	health ca	re information	of the patient al	oove to:		
R Name	Phone		Fax				
L Address	City		State	Zip			
A S Affiliation	E-mail Address						
This request and authorization apply to:							
T □ All health care information		Date of inc	cident:				
☐ Health care information relating to the fo	the state of the s		cident: ocation of incident:	am pm			
treatment, condition or dates of treatment. Other	nt	Other deta	ails:				
DELEASE REQUIRING ADDITIONAL SPEC	IEIC CONSENT.			OF CARRY TO SERVE			
RELEASE REQUIRING ADDITIONAL, SPEC I understand my initials and signature below a		Ithcare info	ormation relating	to testing, diagno	sis or		
treatment for:	atherize the release of fice	icircai e iiii	ormation relating	to testing, analis			
(Initial) HIV/AIDS			(Initial) Mental Health				
	(Initial) Sexually Transmitted Diseases			(Initial) Substance Abuse			
(Initial) Reproductive Care (mino Minors – A minor's patient signature is required in a care including, but not limited to, contraception, pre older); (2) alcohol and /or drug abuse (age 13 and o	order to release the following egnancy and pregnancy termi	nation, steri	lization, and sexuall				
Date Signature of patient or patient		Relat	ionship to patient	☐ Check if patient	is a minor		
Signature of patient or patient's authorized repre	esentative:		Date:				
Relationship/status if signed by anyone other that (Parent, legal guardian, personal representative,							
Recipient's Signature:	Date	of Receipt:	Tim	e of Receipt:	am pm		
SETFA Representative:	Date:		Num	ber of copies:			
Proof of Washington State Driver License was reco	aived/shocked: WAD	I No:					