



# SOUTH PEND OREILLE FIRE AND RESCUE

## Request for Public Records

325272 Highway 2, Newport, WA 99156 (509) 447-5305

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Date of Request \_\_\_\_\_

### **Nature of Request**

Address of Incident \_\_\_\_\_

Date of Incident \_\_\_\_\_

Type of Record Requested (i.e., fire investigation, incident report, meeting minutes, etc)

Number of Copies Requested \_\_\_\_\_

Email and Mailing address to return record to

By my signature, I acknowledge that these documents may not be used for profit or gain and are intended for restitution or information purposes only.

Requester Signature \_\_\_\_\_

### **South Pend Oreille Fire and Rescue use only – Fees**

Mailing Container \_\_\_\_\_ Postage \_\_\_\_\_ Per Page @\$0.15 \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

Request Completed Date \_\_\_\_\_ By Whom \_\_\_\_\_

Record Withheld Date \_\_\_\_\_ By Whom \_\_\_\_\_

If records withheld cite the RCW 42.56 or RCW 70.02 which authorized the withholding of the record or part of the record \_\_\_\_\_

Authorizing Signature \_\_\_\_\_