

REQUEST FOR PUBLIC RECORDS

PER RULE 5.1&2 ABOVE, PRINT THIS PAGE AND MAIL TO:
SPOKANE COUNTY FIRE DISTRICT #5
17217 W. FOUR MOUND RD.
NINE MILE FALLS, WA 99026

NAME OF REQUESTER: _____

ADDRESS: _____

CITY: _____ STATE ____ ZIP _____

PHONE: _____ DATE OF REQUEST: _____ TIME: _____

NATURE OF REQUEST:

1. Identification of records: _____

2. Inspection only _____

3. Number of copies requested _____

I have received the above record(s) requested and paid \$_____ by cash/check.

Signature _____

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For Office Use Only: Date _____ Time _____

(1) Request Record Record withheld
 Granted _____ Withheld _____ In Part _____

(2) If a consent is needed, name of individual: _____

(3) If withheld, identify the exemption contained in chapter 42.56 RCW or other applicable statute that authorizes the withholding of the record or part of record:

(4) If withheld, explain how the exemption applies to the record withheld:

Signature: _____