REQUEST FOR PUBLIC RECORDS

Please Pring this Form 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 Granted _____ Record Withheld _____ 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: _____