



PUBLIC RECORDS REQUEST

REQUESTOR INFORMATION

Name: _____ Date: _____

Telephone #: _____ Fax #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

How do you wish to receive this public record? Mail Fax Pick up at station Email

INCIDENT INFORMATION

Date: _____ Type: Fire Other _____

Incident Location: _____

Copy Charge: No charge first 10 pages, then 15¢ per page. Fee is assessed on all media types (i.e. paper, electronic, CD).

Copies of Photos (if any)? Yes No

I certify that I am not requesting this information for commercial purposes.

Requestor Signature: _____

OFFICE USE ONLY

Request granted Record withheld Record partially withheld No record found

Number of Pages: _____ Copy Charge: _____

Records Officer: _____ Date: _____

HEADQUARTERS STATION
18421 VETERANS MEMORIAL DR. E. ■ BONNEY LAKE, WA 98391
(253) 863-1800 ■ FAX (253) 863-1848