

# PUBLIC RECORDS REQUEST



## REQUESTOR INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

Copy Charge: No charge first 10 pages, then 15¢ per page.

## INCIDENT INFORMATION

Nature of request:  Fire For EMS -See Medical Records Request Form

District Records \_\_\_\_\_

Other \_\_\_\_\_

Date(s) of Incident: \_\_\_\_\_ Copies of photos (if any)?  Yes  No

Location/Address of Incident: \_\_\_\_\_

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

Requestor Signature: \_\_\_\_\_

Return completed form to [cbyerley@eastpiercefirer.org](mailto:cbyerley@eastpiercefirer.org) or  
East Pierce Fire & Rescue Headquarters 8601 Main St. E., Bonney Lake 98391

## OFFICE USE ONLY

Granted  Withheld  Withheld in part  No records found

Records released via:  Email  Mail  In person EPFR Request Number \_\_\_\_\_

Exemption number/reason: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Copy Charge: \_\_\_\_\_

Search Notes: \_\_\_\_\_

Records Officer: \_\_\_\_\_ Date: \_\_\_\_\_