

SPOKANE COUNTY FIRE DISTRICT 8

Policy

**P10.12.01
Public Records Policy**



Adopted: 01/09/2018
Board Chair: _____
Commissioner: _____
Commissioner: _____

REQUEST FOR PUBLIC RECORDS

NAME OF REQUESTER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

NATURE OF REQUEST:

Identification of Records*:

Inspection Only: _____ Number of Copies Requested: _____

I declare under penalty of perjury under the laws of the State of Washington that I do not intend to use any list of individuals that may be covered by this request for commercial purposes.

Signature: _____ Date: _____

*If the identified records include medical records of a District patient, you must also attach a patient authorization form. If you do not have the patient's consent, the records will be redacted unless you identify the legal basis under which patient consent is not required.

For Office Use Only:

Request Granted _____ Record Withheld _____ Record Withheld in Part _____

If consent is needed, the name of individual: _____

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:

If withheld, explain how the exemption applies to the record withheld:

Signature _____ Date Complete: _____ Time _____