



REQUEST FOR PUBLIC RECORDS

**INSTRUCTIONS:**

Requestor completes REQUESTOR section and *PUBLIC RECORDS/INFORMATION REQUEST* if request is made in person, otherwise employee receiving the requests completes this section. Attach legal or other explanatory documents. Route this form to the Public Request Officer.

FOR DISTRICT USE ONLY	
Date:	Time: AM PM
Request No.	
Request received by:	

**This completed form is an open public document and may be released to any requester. Your request will be forwarded to the Public Records Officer. Unless otherwise notified, agency response will be completed within five (5) working days.**

REQUESTOR

Name of requester	Phone	Fax
Address	City	State Zip
E-mail Address		
How you would like to receive request: <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail to above address <input type="checkbox"/> E-mail to above address <input type="checkbox"/> Fax to		

**PUBLIC RECORDS/INFORMATION REQUESTED**

(If illness or injury is involved, attach **Authorization to Release Health Care Information** form)

I wish to <input type="checkbox"/> inspect or <input type="checkbox"/> receive a copy of the following specific record(s):	Request made: <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by e-mail Attach request
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To assist with record identification, list names of other persons named in the records you seek, if known:

I certify that the information obtained through this request for public record will not be used for commercial purposes.

**Requester's Signature:**

**Date of Request:**

**AGENCY RESPONSE**

<input type="checkbox"/> Allow Access	Charge is \$0.15 for each photocopy, plus the cost of any postage and container used to mail the records.
<input type="checkbox"/> We do not have the record(s)	
<input type="checkbox"/> Deny Access	The records you have requested are legally exempt from public disclosure by the following authority:

**Public Records Officer Signature:**

**Date:**

**REQUESTER NOTIFICATION**

Name of person notified	Date	Time AM PM
<input type="checkbox"/> by mail <input type="checkbox"/> by phone	Signature of person notifying	
<input type="checkbox"/> in person <input type="checkbox"/> by e-mail		

**Recipient's Signature:**

**Date of Receipt:**

**Thurston County Fire District #6**

Public Records Officer • 8047 Normandy Street S.E. • P.O. Box 578 • East Olympia, WA 98540  
 Phone (360) 491-5533 • Fax (360) 459-3873 • web site: [www.eofd.org](http://www.eofd.org)  
 Office Hours: 8:00 a.m. – 12:00 p.m. and from 1:00 p.m. - 4:30 p.m. Monday-Friday, Excluding Legal Holidays