



Date Received	_____
Respond by	_____
Date Fulfilled	_____
Date Denied	_____

## Request for Public Records

Requests and production are governed by Chapter 42.56 RCW

Instructions: 1. Complete all sections of the form. Please print legibly.  
 2. Mail, deliver, email, or fax the completed form to the Public Records Coordinator.  
 3. Provide payment for records with exact change or a check. **We do not accept electronic payments.**

### Section A Requestor Information

Requestor Name	Business Name
Mailing Address	City, State, Zip Code
Phone Number	Fax Number
Email	

### Section B Record Information

<input type="checkbox"/> Incident Report- \$5.00	<input type="checkbox"/> Fire Investigation- \$10.00	<input type="checkbox"/> Property Report- \$5.00	<input type="checkbox"/> Other Records- \$5.00 <small>(or more, depending on size of request)</small>
Date and Time:	Address:	Incident Type:	Other details:

*Public records can be reviewed in our Headquarters Station at no charge.*

### Section C Record Delivery

<input type="checkbox"/> Pick up	<input type="checkbox"/> Mail	<input type="checkbox"/> Electronic <small>(email or download link)</small>	<input type="checkbox"/> Fax
----------------------------------	-------------------------------	--	------------------------------

### Section D The following must be initialed ONLY if requesting any list of individuals

I understand that Washington State Law (RCW 42.56.070(9)) prohibits the use of lists of individuals for commercial purposes. If applicable to this request, I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use the list of individuals obtained from this request for commercial purposes. If applicable, I also acknowledge that I am solely responsible for any consequences or damages arising from my commercial use of the list of individuals I am obtaining.

Initials \_\_\_\_\_

### Section E Signature

If you believe that you are entitled to information which was not released, or that the information furnished has been incorrectly redacted or is incomplete, you may file a written appeal within five (5) business days from the date of the response to your request. The appeal must include your name and address, a copy of this form, and a brief statement identifying the basis of the appeal.

Cowlitz 2 Fire & Rescue will respond to this request within five (5) business days through the contact information provided.

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

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