



PUBLIC RECORD DISCLOSURE REQUEST FORM

INSTRUCTIONS TO REQUESTOR:

In accordance with state law, within five business days of receiving a public record request, we will respond by either (1) providing the record; (2) acknowledging that the agency has received the request and providing a reasonable estimate of the time the agency will require to respond to the request; or (3) denying the public record request.

This form should be completed in its entirety and may be emailed, faxed, mailed, delivered in person or requested verbally. Verbal requests may require more time to process because they require the Public Records Officer to reduce the request to writing and verify with the requestor that the written form properly memorializes the request.

Send request to: Public Records Officer
 South Snohomish County Fire & Rescue
 12425 Meridian Ave.
 Everett, WA 98208

Email: PublicRecords@SouthSnoFire.org
 Phone: 425-551-1200
 Requests may also be made on our website at www.SouthSnoFire.org/PublicRecords

Please indicate the following:

- I wish to inspect these records (no charge).
- I will accept an electronic copy (CD) in lieu of paper copies (Cost is \$1 per CD).
- I wish to receive a paper copy of these records (Black and white copies of 8.5" x 11" sheets are \$0.15 each).
- I wish to have copies mailed to me (Cost is actual mailing and container costs).
- I wish to have copies faxed to me (Must be under 10 pages and there is no charge).
- I wish to have copies emailed to me (there is no charge but the responsive records cannot contain any exempt information and the total transmission size must be less than 10 MB).
- I wish to inspect these records and then select records for copying.
- The information requested is for commercial purposes. (RCW 42.17.270)
- I am a claimant against the South Snohomish County Fire & Rescue. (RCW 42.56.080)

Please describe the records you are requesting in detail and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide sufficient information to identify the records may result in a denial of the request (WAC 44-14-04002(3)).

Date of Request:		Time of Request:	
Requestor Name:			
Full Address:			
Phone Numbers:	Day:	Cell:	
Email Address:			
Fax Number:			

*All communication (except delivery of records) between the District and the requestor will be via email if an email address is provided.

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OFFICE USE ONLY:

Request Received By:
Date:

Personnel #:

Release reviewed / released by:
Date:

Personnel #:

Comments:

Date completed: Request denied: No Yes Reason:

Copies provided: _____ # @ \$0.15 each = Subtotal \$_____

CDs provided: _____ # @ \$1 each = Subtotal \$_____

Mailing cost: Envelope / Container Cost: \$_____ Postage: \$_____
Subtotal: \$_____

Total Copies / CDs / Postage: \$_____ Date Paid: _____ Receipt #: _____

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Communications Log

Person Notified By Via Date/Time Details

***NOTE: This form shall be attached to copies of the records released (if copies are sent) and held within the Disclosed

12425Meridian Avenue / Everett WA 98208 / 425-551-1200 / Fax: 425-551-1234

www.SouthSnoFire.org