

**REQUEST FOR PUBLIC RECORDS**  
**SAN JUAN COUNTY FIRE PROTECTION DISTRICT #2**  
**ORCAS ISLAND FIRE AND RESCUE**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

DESCRIPTION OF REQUESTED INFORMATION OR RECORDS:

*Please be as specific as possible. If known, include author, recipient, title, date or date range, etc. Attach additional sheets if necessary. If this request includes personnel records or any records naming others, the individuals and organizations affected may be notified prior to document production.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: YOU MAY BE CHARGED FOR THE RECORDS TO REIMBURSE THE FIRE DISTRICT FOR THE ACTUAL COSTS INVOLVED IN PROVIDING COPIES AND SERVICES (RCW 42.56). (CURRENTLY: \$0.15/PAGE PRINTED, POSTAGE, PHYSICAL MEDIA, ETC.)**

- 1) INSPECT \_\_\_\_\_ AND/OR RECEIVE COPIES \_\_\_\_\_
- 2) PAPER COPIES \_\_\_\_\_
  - a. MAILED \_\_\_\_\_ AND/OR PICK UP \_\_\_\_\_
- 3) DIGITAL \_\_\_\_\_
  - a. EMAILED \_\_\_\_\_ AND/OR PHYSICAL MEDIA DEVICE \_\_\_\_\_

**The undersigned hereby certifies that any list of names that may be provided pursuant to this request will not be used for commercial purposes.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY**

	<u>DATE</u>	<u>INITIALS</u>
DATE RECEIVED	_____	_____
FIVE DAY NOTICE SENT	_____	_____
REQUEST SATISFIED	_____	_____
EXEMPTION STATEMENT PROVIDED	_____	_____

PUBLIC RECORDS OFFICER  
45 LAVENDER LANE  
EASTSOUND, WA 98245

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PHONE: 360-376-2331 EXT. 2100  
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