

**East Jefferson Fire Rescue
24 Seton Rd.
Port Townsend, WA 98368
(360) 385-2626**

REQUEST FOR PUBLIC RECORDS

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Records Requested

Title of Record: _____

Date of Record: _____

Please describe below, the records you are requesting and any additional information that will help us locate them for you as quickly as possible.

Pursuant to RCW 42.17.320, we will respond within five (5) business days, either by providing the information requested, providing you with a reasonable estimate as to when the records will be available, or by denying the request.

Description of Records Requested:

Signature: _____

Person Receiving Request: _____ Date: _____

Date Request Fulfilled _____ Date Request Denied _____

No. of copies/pages: _____ Per page charge: \$0.15 Total Charge: \$ _____

Written explanation of denial attached, pursuant to RCW 42.17.320: _____

Other: