

**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: