EAST JEFFERSON FIRE RESCUE

Form 1002a-1 Public Records Request Form 11/4/2026

REQUEST FOR PUBLIC RECORDS

Name: _____Date: _____

Address: _____ Email: _____

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 42.56.520, 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: $.15_____ Total Charge: $_____

Written explanation of denial attached, pursuant to RCW 42.56.520: _____

Serving the Communities of

Port Townsend Port Hadlock Chimacum Irondale Kala Point Cape George Marrowstone Island Paradise Bay Shine Bridgehaven Mats Mats Swansonville Port Ludlow Beaver Valley South Point