



West Mason Fire

P.O. BOX 2436, Shelton, WA 98584
(360)426-7343 Fax (360)426-2299

REQUEST FOR PUBLIC RECORDS

NAME OF REQUESTER: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ DATE OF REQUEST: _____ TIME: _____

NATURE OF REQUEST:

1. Identification of records*: _____

2. Inspection only _____

3. Number of copies requested _____

I declare under penalty of perjury under the laws of the State of Washington that I do not intend to use any list of individuals that may be covered by this request for commercial purposes.

Signature _____

*If the identified records include medical records of a District patient, you must also attach a patient authorization form. If you do not have the patient's consent, the records will be redacted unless you identify the legal basis under which patient consent is not required.

For Office Use Only: Date _____ Time _____

(1) Request Granted _____ Record Withheld _____ Record Redacted _____

(2) If consent is needed, name of individual: _____

(3) If withheld or redacted, identify the exemption contained in chapter 42.56 RCW or other applicable statute that authorizes the withholding of the record or part of record: _____

(4) If withheld or redacted, explain how the exemption applies to the record withheld: _____

Signature _____



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- RCW 74.34.095 Abuse of vulnerable Adults
- RCW 82.32.330 Disclosure of tax information
- 42 USC 290dd-2 Confidentiality of Substance Abuse Records
- 42 USC Sec 12101 et.seq..... Americans with Disabilities Act
- 29 USC Sec 657 et seq.....Occupational Safety and Health Act

Most of the Federal or State agencies that administer the above acts have adopted regulations to implement the acts. The regulations must be reviewed together with the acts when reviewing record requests.