

Form No. 511.10.02 REQUEST FOR PUBLIC RECORDS

> Created: May 29, 2008 Updated: March 8, 2016

INSTRUCTIONS:

Employee receiving request completes **Section 1**, except for the request number. Requester completes **Section 2** if request is made in person otherwise employee receiving the request completes it. Attach legal or other explanatory documents. Route this form to the Public Records Officer to complete **Section 3**. Employee notifying requester completes **Section 4**.

SECTION 1: FOR DISTRICT USE ONLY
Date
Request No.
Request received by:

This completed form is an open public document and may be released to any requester. SECTION 2: Records Request						
Name of Requester		Phone	Email Add	ress		
Address		City		State	Zip	
I wish to ☐ inspect or ☐ rece	eive a copy of the follow	ring specific record	d(s)	ir b b b	uest made: n person by phone by fax by mail by email ch request	
To assist with record identification, list names of other persons named in the records you seek, if known.						
Your request will be forwarded to the Public Records Officer. Unless otherwise notified, agency response will be completed within five (5) working days.						
SECTION 3: Agency Respo	nse					
☐ ALLOW ACCESS	Incident Report Fee \$10.00 \$0.15 for each photocopy or	f general records. Cha	arge for other types	of copies is the Distric	ct's cost.	
☐ WE DO NOT HAVE THE RECORD(S)						
☐ DENY ACCESS	The records you have requested are legally exempt from public disclosure by the following authority:					
SECTION 4: Requester Noti	fication					
Name of person notified				Date	Time	
☐ by mail ☐ by phone	I made the District fin	al response as sta	ated.			
☐ in person ☐ by email						
	Signature	Out at a -1 t -			_	
	Routing	Routing Original to Copy to Public Records Officer				

CLARK-COWLITZ FIRE RESCUE publicrecords@clarkfr.org

Public Records Officer ● 911 N 65th Ave ● Ridgefield, WA 98642 Phone 360/887.4609 ● Fax 360/887.0862 ● web site: <u>www.clarkfr.org</u>