

REQUEST FOR PUBLIC RECORD
Jefferson County Fire Protection District No. 4
Brinnon Fire Department

Nature of request: ___ inspection or review only ___ obtain copies

Date of request: _____ Time: _____

Name: _____

Representing (if applicable): _____

Address: _____

Phone: _____

Purpose of request: _____

Description of record desired, including date, type, and content (for fire or medical aid incident reports, provide address, patient or homeowner name, if known):

I certify that the information obtained through this request for public record will not be used for commercial purposes.

Signature: _____ Date: _____

Disposition of request - For office use only.

___ Request granted in full. Date/time: _____

List of materials provided: _____

Copying charges: \$ _____

___ Request withheld in whole or part. Date/time: _____

Brief explanation of specific exemption and how it applies to this request/record:

Signature of Public Records Officer

Date

An individual may request a review of any decision made.