



# Central Pierce Fire & Rescue

Mailing Address: PO Box 940, Spanaway, WA 98387

AOC: 1015 39th Ave SE #120, Puyallup WA 98374

(253) 538-6400 FAX (253) 276-6770 Email: records@centralpiercefir.org

## Request for Public Records

### Nature of Request:

Incident:  Fire For EMS – See Request for Patient Care Records Form  
 District Records \_\_\_\_\_  
 Other \_\_\_\_\_

### Identification of Records:

Incident Date: \_\_\_\_\_

1) Location/Address of Incident: \_\_\_\_\_

2) Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

### Requestor:

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Street / Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attorney / Legal

Owner / Patient

Public Non-Related

Guardian

Media

Other Agencies (i.e., Police, DSHS, Fire Marshal)

Date of Request: \_\_\_\_\_

Time: \_\_\_\_\_

Requestor's signature: \_\_\_\_\_

### *For Office Use Only*

Processed Date: \_\_\_\_\_

Incident # \_\_\_\_\_

Check here if request is for inspection only.

Amount Paid: \_\_\_\_\_

Cash

Receipt Number: \_\_\_\_\_

Request granted

Check Number: \_\_\_\_\_

E-Mailed

Record withheld

Record withheld in part

Mailed

Faxed

Picked up in person

1. If withheld, name the exemption contained in RCW 42.17.310 which authorizes the withholding of the record or part of record: Subsection (1) ( ). \_\_\_\_\_

2. If withheld, explain how the exemption applies to the record withheld:  
\_\_\_\_\_  
\_\_\_\_\_

CPFR Employee Signature: \_\_\_\_\_