

## Spokane County Fire District 9 Request for Public Records

3801 E. Farwell Road • Mead, WA 99021 • (509) 466-4602 • (509) 466-4698 FAX • admin@scfd9.org

<b>REQUESTOR INFORMA</b>	TION		
Name:		Phone #:	
Mailing Address:		FAX #:	
City:		State:	
Email Address:		ZIP Code:	
Date of Request:	-	Time of Request:	

NATURE OF REQUEST			
Identification of Records:			
(i.e., date of incident, alarm			
number, incident address,			
type of record)			
# of Copies Requested:			
Inspection Only:			
By my signature, I acknowledge that these documents may not be used for profit or gain, and			
are intended for restitution of	or information purposes only.		

## Requestor Signature:

FIRE DISTRICT 9 USE ONLY - Fees:				
Mailing Container Type:				
Postage:				
General Record Copies		x \$0.15 =		
Electronic Records Copies:		x \$0.15 =		
Media Type:				
Medical Records Clerical Fee:	(\$24.00 per report)	x reports		
Copies:	(1 <sup>st</sup> 30 pages)	x \$1.09		
Copies:	(all additional pages)	x \$0.82		
		TOTAL FEES	\$	

FIRE DISTRICT 9 USE ONLY			
Request granted:	Date:	Time:	
Record/s withheld:	Date:	Time:	
Record/s withheld in part:	Date:	Time:	
If record/s withheld, cite the Section within Chapter 42.56 RCW or Chapter 70.02 RCW which authorized the withholding of the record or part of the record.			
Authorizing Signature:			