



MONROE FIRE DISTRICT #3

163 Village Court * Monroe, WA 98272 * Ph 360.794.7666 * Fax 360.794.0959

PUBLIC RECORD DISCLOSURE REQUEST FORM

INSTRUCTIONS TO REQUESTOR:

In accordance with state law, within five business days of receiving a public record request, we will respond by either (1) providing the record; (2) acknowledging that the agency has received the request and providing a reasonable estimate of the time the agency will require to respond to the request; or (3) denying the public record request.

This form should be completed in its entirety and may be emailed, faxed, mailed, delivered in person or requested verbally. Verbal requests may require more time to process because they require the Public Records Officer to reduce the request to writing and verify with the requestor that the written form properly memorializes the request.

Send requests to:	Public Records Officer Monroe Fire District # 3 163 Village Court Monroe, WA 98272	FAX: 360-794-0959 Phone: 360-794-7666 Website at www.monroefire.org Email: records@monroefire.org
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Date of Request:		Time of Request:	
Requestor Name:			
Full Address:			
Phone Numbers:	Day:	Cell:	
Email Address:			
Fax Number:			

Please indicate the following:

- I wish to inspect the records indicated below (no charge).
- I will accept an electronic copy (CD) in lieu of paper copies and agree to pay \$1 per CD.
- I wish to receive a paper copy of these records (B&W copies are \$0.15 per page).
- I wish to have copies mailed to me (cost is actual mailing and container costs).
- I wish to have copies faxed to me (records must be under 10 pgs in its entirety; no charge).
- I wish to have copies emailed to me (there is no charge but the responsive records cannot contain any exempt information and the total transmission size must be less than 10 MB).
- I wish to inspect these records and then select records for copying.
- I am a claimant against the Fire District. (RCW 42.56.080)
- Other form of non-standard media: _____
The District charges out-of-pocket costs for nonstandard copies (color copies, blueprints, or photographs, etc.), out-of-pocket costs for outside services and postage/shipping.

Document Title/Type, Date(s) and location of the Requested Record, if known:
Please provide a specific description of the requested records and any additional information that will help the District locate records for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay or constitute grounds for denial of the request.

Incident Requests Only:			
Date of Incident:		Type of Incident:	
Incident Address:		Patient Name:	
Requestor Relation:			

*All communication (except delivery of records) between the District and the requestor will be via email if an email address is provided, unless otherwise requested.

By signing below, I:

- signify that I understand that there may be charges for duplication of these specific records that are to be paid prior to the release of the records and before my next request will be released;
- certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes. (RCW 42.17.270)
- understand that the District may provide records on a partial or installment basis and may charge 10% of the estimated cost of providing copies for a request.

Signature

Date

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**FOR USE BY DISTRICT STAFF ONLY**

**Request received at District: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Received by: \_\_\_\_\_ Empl ID#: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

How request was received:  In-Person  Mail  Email  Fax  Phone

Documents sent to attorney for review?  No  Yes, on (date): \_\_\_\_\_

Acknowledgment Letter Sent on: \_\_\_\_\_

Date/time requester notified documents were available for inspection: \_\_\_\_\_

Date/time requester reviewed docs: \_\_\_\_\_

Date(s) Records Dispersed: \_\_\_\_\_

How were documents provided: \_\_\_\_\_

Reason request denied, if applicable: \_\_\_\_\_

Other comments/notes: \_\_\_\_\_

Copy charges: Standard Black & White Copies: \_\_\_\_\_ @ \$0.15 per page \$ \_\_\_\_\_  
 CDs Provided (electronic copies): \_\_\_\_\_ @ \$1.00 per CD \$ \_\_\_\_\_  
 Out-of-Pocket Costs for Outside Services: \$ \_\_\_\_\_  
 Out-of-Pocket Costs for Postage/Shipping: \$ \_\_\_\_\_  
 Envelope/Container Costs: \$ \_\_\_\_\_  
**TOTAL CHARGE: \$ \_\_\_\_\_**

Date paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Paid by:  Cash  Cashier's Check  Money Order Processed by: \_\_\_\_\_

Date Request Closed: \_\_\_\_\_