



Received Date: _____ Time: _____ Initials: _____

REQUEST FOR PUBLIC RECORDS

Vashon Island Fire & Rescue
10020 SW Bank Rd ~ P0 Box 1150 ~ Vashon, WA 98070

Date of Request _____

Name of Requester _____ Phone _____

Address _____ City _____ ST _____ Zip _____

NATURE OF REQUEST:

Identification of records: _____

Inspection Only: _____

Number of copies requested: _____

Signature _____

The information request will be available _____

Date informed: _____ Employee's Initials _____

The documents were picked up by: _____

For Office Use Only:

Request Granted

Record Withheld

Record Withheld in Part

Date: _____ Time: _____

- If withheld, name the exemption contained in RCW 42.17.310 which authorizes the withholding of the record: Subsection (1).
- If withheld, explain how the exemption applies to the record withheld:

Signature: _____