



**PIERCE COUNTY FPD #27
REQUEST FOR PUBLIC RECORDS**

NAME OF REQUESTER: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ DATE OF REQUEST: _____ TIME: _____

EMAIL: _____

PRIVATE INDIVIDUAL, or COMPANY: _____

NATURE OF REQUEST: (1) Identification of records, including property address and/or scope.

(2) Record inspection only (*view records at station*):

(3) Copy of record(s) to be mailed (*to address provided above*):

I declare under penalty of perjury under the laws of the State of Washington that I do not intend to use any list of individuals that may be covered by this request for commercial purposes.

Signature: _____

Send completed form and any attachments by **email** to **admin@pcfd27.com**, or mail to:

Attn: Public Records
Anderson Island Fire Rescue
12207 Lake Josephine Blvd
Anderson Island, WA 98303

FOR OFFICE USE ONLY – Received Date: _____ Time: _____

(1) Request Granted Record Withheld Record Redacted

(2) No Record Found Additional information: _____

(3) If consent is needed, name of individual: _____

(4) If withheld or redacted, identify the exemption contained in chapter 42.56 RCW or other applicable statute that authorizes the withholding of the record or part of record:

(5) If withheld or redacted, explain how exemption applies to the record withheld: _____

Agency Signature _____