

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:
	dentification of records, including property address and/or scope.
	(view records at station): □
(3) Copy of record(s) to be emailed (to address provided above): \Box	
	perjury under the laws of the State of Washington that I do not intend to nat may be covered by this request for commercial purposes.
Signature:	
Send completed form and	any attachments by email to admin@aifirerescue.org, or mail to:
Attn: Public Record Anderson Island F 12207 Lake Joseph Anderson Island, W	ire & Rescue ine Blvd
FOR OFFICE USE ONLY -	Received Date:Time:
(1) Request Granted □	Record Withheld \square Record Redacted \square
(2) No Record Found \square	Additional information:
(3) If consent is needed, na	me of individual:
• •	identify the exemption contained in chapter 42.56 RCW or other horizes the withholding of the record or part of record:
(5) If withheld or redacted,	explain how exemption applies to the record withheld:
Agency Signature	