



Central Pierce Fire & Rescue

Mailing Address: PO Box 940, Spanaway, WA 98387 District
Headquarters: 1015 39th Ave SE., Suite 120 Puyallup, WA 98374
(253) 538-6400 FAX (253) 276-6770 Email: records@centralpiercefirer.org

Request for Public Records

Nature of Request:

Incident: Fire For EMS – See Request for Patient Care Records Form
 District Records _____
 Other _____

Identification of Records:

Incident Date: _____

1) Location/Address of Incident: _____
2) Name: Last _____ First _____ MI _____

Requestor:

Name: Last _____ First _____

Company: _____ Phone: _____

Email Address: _____ Fax: _____

Street / Mailing Address: _____

City: _____ State: _____ Zip: _____

Attorney / Legal
 Guardian

Owner / Patient
 Media

Public Non-Related
 Other Agencies (i.e., Police, DSHS, Fire Marshal)

Date of Request: _____

Requestor's signature: _____

For Office Use Only

Processed Date: _____ Incident # _____

Check here if request is for inspection only.

Amount Paid: _____ Cash Receipt Number: _____

Request granted

Check Number: _____

E-Mailed

Record withheld

Record withheld in part

Mailed

Faxed

Picked up in person

1. If withheld, name the exemption contained in RCW 42.17.310 which authorizes the withholding of the record or part of record: Subsection (1) (). _____

2. If withheld, explain how the exemption applies to the record withheld:

CPFR Employee Signature: _____

