



**REQUEST FOR PUBLIC RECORDS**

NAME OF REQUESTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_ TIME: \_\_\_\_\_

NATURE OF REQUEST:

1. Identification of records: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Inspection only \_\_\_\_\_

3. Number of copies requested \_\_\_\_\_

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 \_\_\_\_\_

Please submit completed forms via email, mail or drop it off at KVFR Headquarter Station 29.

Email: Hills@kvfr.org

Mailing/Drop Off: Kittitas Valley Fire & Rescue  
400 E. Mountain View  
Ellensburg Wa 98926

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For Office Use Only: Date \_\_\_\_\_ Time \_\_\_\_\_

(1) Request Granted \_\_\_\_\_ Record Withheld \_\_\_\_\_ Record Redacted \_\_\_\_\_

(2) No Record Found \_\_\_\_\_

(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 the exemption applies to the record withheld:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_