



# ENUMCLAW FIRE DEPARTMENT

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## PUBLIC RECORDS REQUEST

Date Submitted: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Record: \_\_\_\_\_ Location: \_\_\_\_\_

Title of Record: \_\_\_\_\_

**Description of Record:** Please describe the records you are requesting and any additional information that will help us locate the record for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.

I understand any fees associated with the records request will be charged according to the District's Fee Resolution and must be received before the records are released. A 10% deposit may be required for larger requests.

I wish to make an appointment to review the records indicated above before copies are made.

I wish to have copies/duplicates of the records indicated above.

Pick-Up      Emailed      Mailed

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes. See RCW 42.56.070(9) for more details.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

**Response Time:** A copy of this form serves as the District's initial response to your request for records. The District estimates that it will take approximately \_\_\_\_\_ days to respond to your request.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Records released by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_