

**NORTH COUNTY REGIONAL FIRE AUTHORITY
PUBLIC RECORDS REQUEST FORM**

Date: _____ Requested By: _____

Mailing Address: _____
Street City State Zip

Telephone: _____ Fax No.: _____ Email Address: _____

For Inspection (*Inspection is Free*): _____ To Be Copied (*Please See Charges Below*): _____

Specify Documents Requested (If Needed, Please Continue on Reverse Side):

Pursuant to RCW 42.56.070(9), North County Regional Fire Authority is not authorized to provide access to lists of individuals requested for commercial purposes. Is the list of individuals being requested for commercial purposes? Yes No Not Applicable

Inspection and copying of identifiable North County Regional Fire Authority documents or a response to this request shall be provided promptly and not to exceed five (5) working days. Staff will promptly notify their supervisor and the public records officer or designee of any anticipated delay and the reason for the delay. Should the requested information be deemed exempt from disclosure, the requestor shall be notified in writing.

North County Regional Fire Authority charges \$0.15 per page for a standard black and white photocopy of a record selected by a requestor. North County Regional Fire Authority charges out-of-pocket costs for nonstandard copies (color copies, blueprints, or photographs), out-of-pocket costs for outside services, and out-of-pocket costs for postage/shipping.

BELOW FOR STAFF USE

Date/Time Received at District: _____ Received by: _____ Forwarded to: _____

Requested in Writing Requested by Phone Requested in Person

Documents Sent to Attorney For Review? Yes No Date: _____

Date and Time Requester was Notified Documents were Available for Viewing: _____

Date and Time Requester Reviewed Documents: _____ Date Copies Provided, if Requested: _____

Reason Request Denied, if Applicable: _____

Other Comments: _____

Copy Charges:

Standard Black & White Photocopy: _____ @ \$0.15 per page = \$ _____

Cost for Nonstandard Photocopy (color copies, blueprints, photographs): = \$ _____

Cost for Medical Incident Reports: _____ @ \$15.00 per report = \$ _____

_____ @ \$0.65 per page (up to 30 pages) = \$ _____

_____ @ \$0.50 per page (more than 30 pages) = \$ _____

Out-of-Pocket Cost for Postage/Shipping: = \$ _____

TOTAL CHARGE = \$ _____

Date Paid _____ Cash _____ Check _____ Processed by _____