

North County Regional Fire Authority: Public Records Request Form

8117 267th ST NW Stanwood, WA 98292

360-629-2184

Request For:

Medical Records (ID/POA Required, Please Attach)

Incident Report

Fire Inspection

Other: _____

Date of Incident: _____

Approximate Time: _____

Name of Person(s) Involved: _____

Incident/Property Location: _____

Requested By: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Comments: _____

Request Format: Email

Hard Copy

Requestor Signature: _____

Date: _____

For Department Use Only

Date Received: _____

Received By: _____

Records Produced: YES

NO Explain: _____

Processed By: _____

Date: _____

Records Request Log Number: _____

Entered On: _____