

**North County Regional Fire Authority: Public Records Request Form**

8117 267<sup>th</sup> 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: \_\_\_\_\_