

**Requested By:**

Name Telephone

Address Email

City, State, Zip Request Date RequestTime

Your Relationship to Incident

**Information Requested:**

Inspect/Review Only? Y/N (Circle one) Number of Copies Requested \_\_\_\_\_ (If Applicable)

**Incident Information:**

Date of Incident Time of Incident Location (include County)

I understand that if a list of individuals is provided me by North Whidbey Fire and Rescue, it will neither be used to promoted the election of an official or promote or oppose a ballot proposition as prohibited by RCW 42.17.130 nor for commercial purposes or give or provide access to material to others for commercial purposes as prohibited by RCW 42.56.070(9). I further understand that requested records may be redacted in accordance with RCW 42.56.

Signature Date

**For Office Use Only:**

Request granted Record withheld Record withheld in part Time Date

- (1) If withheld, name the exemption contained in RCW 42.17.310 which authorizes the withholding of the record or part of record: Subsection (1) ( )
- (2) If withheld, explain how the exemption applies to the record withheld:

Signature

[ ] This indicates that your Record Request has been fulfilled and no further documentation will be forwarded.

[ ] This indicates that your Public Record Request requires further resources and you will be contacted on a future date.