

Marysville Fire District: Public Records Request Form

Marysville Fire District 360-363-8500 360-659-1382 Fax Record Request # _____

1094 Cedar Ave • Marysville, WA 98270 Disposition/Date _____

Please complete all highlighted areas, sign and return (with ID when required)

Request for: Medical **** Attach ID/POA for all medical requests** Fire Fire Inspection Other

Property Info: Hazardous Material Underground Storage Tank Aboveground Storage Tank

Permits Issued Public Record Request RCW 42.56

Other: _____

Date/Time of Incident: _____

Name of Person(s) Involved: _____

Incident/Property Location: _____

Requested By: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Comments: _____

Requestor Signature: _____

Call when available: _____ **Mail Report:** _____ **Other:** _____

For Office Use Only

Phone Request: _____ In Person: _____ Correspondence: _____

Date Received: _____ Time Received _____ Received by _____

Release of Information: Yes No

Processed By: _____ Date: _____

Released By: _____ Date: _____

