

# 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:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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### 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: \_\_\_\_\_

Notes:

