



Marysville Fire District: Public Records Request Form

Marysville Fire District Ph: 360-363-8500 Fax: 360-659-1382 Record Request # _____
1635 Grove Street • 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: _____