



# GIG HARBOR FIRE & MEDIC ONE

## REQUEST FOR PUBLIC RECORDS

Date of Request: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Public Record or Information Requested:

I declare under penalty of perjury under the laws of the State of Washington that I do not intend to use any list of individuals that may be covered by this request for commercial purposes.

Signature \_\_\_\_\_

\*If the identified records include medical records of a District patient, you must also attach a patient authorization form. If you do not have the patient's consent, the records will be redacted unless you identify the legal basis under which patient consent is not required.

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### Completed by Public Records Officer

Records Request:       Granted       Withheld       Redacted

Copy(s) Provided:       in person       by mail       by fax       by email

If consent is needed, name of individual: \_\_\_\_\_

Exemption/Statute Applicable for  
Withholding/Redacting Record: \_\_\_\_\_

Date: \_\_\_\_\_

Public Records Officer Signature: \_\_\_\_\_