



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.

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: _____

All responsive records have been produced and records that were redacted or withheld, if any, have been noted on the provided exemption log. The request is now closed and the Public Records Act one-year statute of limitations to seek judicial review has started to run. We do not intend to produce additional records or further address the request. You may submit follow-up questions regarding your request within ten (10) business days of the date of this letter. Any such follow-up questions will not extend the start date of the statute of limitations unless we formally notify you that we have reopened your request in response to such follow up.

Public Records Officer Signature: _____