



**GRIFFIN FIRE DEPARTMENT
THURSTON COUNTY FIRE PROTECTION DISTRICT 13**

REQUEST FOR PUBLIC RECORDS

NAME OF REQUESTOR: _____

ADDRESS: _____

CONTACT NUMBER: _____ **DATE OF REQUEST:** _____

NATURE OF REQUEST: (Please identify records requested) _____

Requesting for: **Inspection Only** ____ **Copies (How many)** _____

Requestor's Signature: _____ **Date:** _____

For Office Use Only:

Name of Fire District Personnel Providing Information:

Date:

Time:

Request Granted: ____ **Record Withheld** ____ **Record Withheld in part** ____

If consent is needed, name of individual: _____

If withheld, identify the exemption contained in chapter RCW 42.56 or other applicable statute that authorizes the withholding, and how the exemption applies to the record withheld.

District Personnel Signature: _____ **Date:** _____