Wenatchee Valley Fire Department Public Records Request Form

INSTRUCTIONS:

Complete this form in its entirety. Requests may be submitted to the Department via email, mail, delivered in person, or made verbally. Verbal requests may require more time to process because the Public Records Officer will create a written request and verify with the requestor that the written form properly memorializes the request. Send requests to:

 Public Records Officer, Wenatchee Valley Fire Department

 Mail:
 P.O. Box 2106, Wenatchee, WA 98807-2106

 In Person:
 731 N. Wenatchee Avenue, Wenatchee

 Phone:
 509-662-4734
 Fax: 509-662-3967

 Email:
 cblaufuss@wvfire.org

In accordance with state law, the fire Department will respond within five business days of receiving your public record request, by either:

- 1. providing the requested records;
- 2. acknowledging the fire Department has received the request and providing a reasonable estimate of the time the fire Department will require to respond to the request;
- 3. denying the public record request; or
- 4. requesting clarification of the request.

Please describe the records you are requesting in detail and any additional information that will assist in locating the requested information as quickly as possible. Failure to provide sufficient information to identify the requested records may result in denial of the request (WAC 44-14-04002(3)).

| Requestor Name: | |
|------------------|--|
| Request Date: | |
| Time Submitted: | |
| Phone Number: | |
| Email Address: | |
| Mailing Address: | |
| Email Address: | |

Note: Communications between the Fire Department and requestor will be primarily by email if an email address is provided with the exception of the delivery of the requested records.

Please reference the charges and fees set forth in the fire Department's Public Records Policy and Procedures. Specify your preference for record delivery (check all that apply). I I wish to:

- Inspect these records in person.
- Inspect these records and then select records for copying or scanning.
- Receive paper copies of these records.
- Receive an electronic copy of these records on digital storage media.
- Have paper copies mailed to me.
- Have copies faxed to me.
- Have copies emailed or transmitted electronically to me.

Please also indicate the following:

- The information requested is for commercial purposes (RCW 42.17.270)
- I am a claimant against the Fire Department (RCW 42.56.080)

Fire Department Use Only

| Request Received by: | Date: | Time: | |
|--|----------------------------|--------------------------------|--|
| Request Assigned to: | Date: | Time: | |
| PRA # | Incident or Parcel Number: | Incident or Parcel Number: | |
| Contact with Requestor via: (within five business days) | Date: | Time: | |
| Comments: | | | |
| Denied, Reason: | Abandoned, Reason: | Fee Charged, \$ Paid, Date: | |
| Complete, Date: | Signature: | | |