



**LEWIS COUNTY FIRE DISTRICT 5
REQUEST TO INSPECT OR COPY PUBLIC
RECORD RESOLUTION 2021-07**

INSTRUCTIONS: Requester completes Section 1. Receiving FD5 employee completes Section 2.
District Secretary completes Section 3. FD5 employee notifying the requester completes Section 4.

This completed form is an open public document and may be released to any requester.					
SECTION 1: RECORDS REQUEST					
Person making the request:	Address of person making the request:	City:	State:	Zip Code:	Telephone:
I wish to inspect or view a copy of the following specific record:			Request is being made by: (select one)		
			Email US Mail FAX Phone In Person		
I wish to receive a copy of the following specific type of record:			Date of Request:	Time of Request:	
How would you like to receive your information? (select one)			Reason for your request:		
<p align="center">In Person Via Fax Via US Mail Via Email</p> <p>There is no cost for Emailed record for citizens who live within District boundaries. Your request will be forwarded to the District Secretary. Unless otherwise notified, agency response will be completed within five (5) business days.</p>					
<p><i>I understand that the use for commercial purposes of public documents which contain lists of individuals violates Washington State Law and the privacy rights of such lists will be utilized to contact or affect such individuals. I understand that a minimum, 'commercial purposes' means that such lists will be utilized to contact or affect such individuals to facilitate, in any manner, profit-expecting activity. Therefore, I agree not to use the above requested document(s) and I acknowledge an affirmative duty to prevent others from using such documents for commercial purposes.</i></p> <p><i>I declare under penalty of perjury under the laws of the State of Washington that the information in Section 1 of this form is true and correct.</i></p> <p>Signature:</p>			<p>To assist with record identification:</p> <p>List the affected date(s) of the specific record:</p> <p>List names of persons named in the record(s):</p>		
SECTION 2: FIRE DISTRICT USE ONLY					
Date Form is Received:	Employee Receiving Form:			District Request Number:	
SECTION 3: AGENCY RESPONSE					
Check one:	Action:	Description:	TOTAL COST: \$		
	ALLOW ACCESS	A printed paper copy record of a completed incident report will cost \$5.00 up to 20 pages, and additional pages, or one single page, will be .15 cents per page & .10 per scan.			
	WE DO NOT HAVE THE RECORD(S) REQUESTED	If we do not have the record you will not be charged for this service.			
	DENY ACCESS	The record(s) that you have requested are legally exempt from public disclosure by the following authority:			
SECTION 4: REQUESTER NOTIFICATION					
Name of person to be notified:			Date:	Time:	
Signing below certifies that I have made the District's Agency Response as marked in Section 3 above:			Notification was made by: (circle one)		
Signature of FD5 Employee:			US Mail Email FAX Phone In Person		