

SPOKANE VALLEY FIRE DEPARTMENT
SAFETY & OPERATIONS MANUAL

Records (#105)

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Person Responsible: Human Resources Director

Refer to Commissioner's Policy #019

Appendix I – Request for Public Records

FAX: 509-892-4127 OR **MAIL:** 2120 N. Wilbur., Spokane Valley, WA 99206

EMAIL: inspections@spokanevalleyfire.com

In Accordance with the provisions of RCW 42.56 the following information is required for release of public records:

REQUESTING PARTY INFORMATION:

DATE REQUESTED: _____

NAME: _____ **PHONE NO:** _____

ADDRESS: _____

PURPOSE OF REQUEST (NOT REQUIRED):

INSURANCE REPRESENTATIVE

NEIGHBOR

INVESTIGATOR

OWNER/OCCUPANT

OTHER _____

INFORMATION/ DOCUMENTS REQUESTING:

FIRE REPORT

BUILDING INSPECTIONS

MEDICAL REPORT

OTHER _____

DATE OF INCIDENT: _____

INCIDENT ADDRESS: _____

PATIENT NAME: _____

*** Medical records will not be released without proper authorization from the patient and appropriate identification from the requestor.**

REQUESTING PARTY'S SIGNATURE: _____

FEES: Call for Total

• POSTAGE *To be determined*

• COPIES

\$0.15 PER PAGE

• CD W/PHOTOS (IF AVAILABLE)

\$0.30 PER CD

PAYMENT BY CHECK ONLY: MADE PAYABLE TO: SPOKANE VALLEY FIRE DEPT.

----- Department Use Only -----

RECORDS RELEASED BY: _____

INVESTIGATOR SIGNATURE

DATE

FIRE MARSHAL/CHIEF OFFICER APPROVAL

DATE

Revised 01/31/20

PAID \$ _____ RECEIPT# _____