

**SPOKANE VALLEY FIRE DEPARTMENT**  
SAFETY & OPERATIONS MANUAL

Records (#105)

Page 13 of 13

**Person Responsible:** Human Resources Director

Refer to Commissioner's Policy #019

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**Appendix I – Request for Public Records**

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

**EMAIL:** [inspections@spokanevalleyfire.com](mailto: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# \_\_\_\_\_