



SHORELINE FIRE DEPARTMENT

Request for Public Records

DATE OF REQUEST: _____ TIME OF REQUEST: _____

NAME OF REQUESTOR: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

NATURE OF REQUEST: _____

Identification of Records: _____

Inspection Only: _____

Number of Copies Requested: _____

Signature: _____

FOR OFFICIAL USE ONLY

Request: Approved Denied

COST

Number of pages: _____ .15 per page _____

Actual Miscellaneous Costs (tape, postage, etc.): _____

TOTAL _____

Date Payment Received: _____

Amount Received: _____

Check Number: _____

Cash: _____

Copies provided via: In Person U.S. Mail Electronically FAX

Signature _____

Date: _____

Time: _____