

Public Records Officer  
Shoreline Fire Department  
17525 Aurora Avenue North  
Shoreline, WA 98133

Phone: 206-533-6500  
Fax: 206-237-2458  
[publicrecords@shorelinefire.com](mailto:publicrecords@shorelinefire.com)



- SFD Use Only -

Request # \_\_\_\_\_

Date Due: \_\_\_\_\_

Extended To: \_\_\_\_\_

Extended To: \_\_\_\_\_

Extended To: \_\_\_\_\_

## REQUEST FOR PUBLIC RECORDS

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business: \_\_\_\_\_ Fax: \_\_\_\_\_

**RECORDS REQUESTED:** *(Please be as specific and detailed as possible in your description of the records you seek. Attach additional information, if necessary, to assist us in locating responsive records. Failure to provide sufficient information to identify the record(s) you seek may cause delays in satisfying your request.)*

\_\_\_\_\_  
\_\_\_\_\_

I am requesting \_\_\_\_ copies / duplicates of the records indicated above. Select format: Paper or Electronic

I am requesting an appointment to review the records indicated above. *There is no charge to review documents.*

### PLEASE READ AND ACKNOWLEDGE UPON SUBMITTING REQUEST

Agencies must respond within five business days of receiving a public records request by: (1) providing the record; (2) acknowledging receipt of your request and providing a reasonable estimate of the time the agency will require to respond; or (3) deny the request. I understand that if a list of individuals is provided to me, it will not be used for commercial purposes, to promote the election of an official, or promote or oppose a ballot proposition, as prohibited by law; nor is it construed as giving authority to give, sell or provide access to lists of individuals requested as prohibited by the Public Records Act. Further, I understand I will be charged as allowed by RCW 42.56.120: Fees of \$0.15 per page for printed copies and copies of electronic documents, \$0.10 per page for records scanned into a electronic format, \$0.05 per each four electronic files or attachments uploaded, \$0.10 per gigabyte for transmission in electronic format, plus the actual costs as authorized by statute. Upon receipt of a public records request that is unclear, our Department may ask the requestor to clarify what information the requestor is seeking in order to produce records. A clerical fee of \$26.00 will apply for medical records in addition to other authorized charges.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date and Time of Request

### INTERNAL USE ONLY - INFORMATION TO BE COMPLETED BY DEPARTMENT PERSONNEL

*Responsible staff must advise the Public Records Officer of non-routine or complex records requests immediately after receipt.*

5-Day Letter Sent: \_\_\_\_\_ Extension Letter Sent: \_\_\_\_\_ Extension Letter Sent: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

This Request Was Satisfied/Date: \_\_\_\_\_

This Request Was Not Satisfied/Reason: \_\_\_\_\_

This Request Was Denied/Reason: \_\_\_\_\_

This request was handled by: \_\_\_\_\_  
Signature Title

Total Records Fees: \_\_\_\_\_ Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ via \_\_\_\_\_ Check # \_\_\_\_\_ or \_\_\_\_\_ Cash