

CENTRAL KITSAP

FIRE & RESCUE



REQUEST FOR PUBLIC OR PRIVATE RECORDS

REQUESTER'S INFORMATION

Name: _____ Company: _____

Street Address: _____ Date of Request: _____

City, State, Zip Code: _____ Time of Request: _____

Phone: _____ Number of Copies Requested: _____

Email: _____ Check here if request is for inspection only

NATURE OF REQUEST

Fire or Medical: _____ Court: Yes / No (circle one) _____ Date of Incident: _____

Location of Incident: _____

Owner or Patient's Name: _____

Release Form(s) / Subpoena Attached: _____

Other Record(s): _____

Check here if requestor is also legal Guardian of an above-named patient. Requestor's Signature _____

FOR OFFICE USE ONLY

Incident #	Date of Incident:	Court: Yes / No (circle one)
<input type="checkbox"/> Request Granted	Date/Time: _____	Check or Cash (Circle One)
<input type="checkbox"/> Partial Record Withheld	Date/Time: _____	Check or Cash (Circle One)
<input type="checkbox"/> Complete Record Withheld	Date/Time: _____	Check or Cash (Circle One)

** If records have been partially or completely withheld, there will be a CKFR Redaction Log attached stating all exemptions and the reasons for those exemptions.

Check here when court copy is returned Date/Initial _____

Signature _____

Exhibit A - FORM 1004 (04/18)
(Reference: BOC Public Records Act Disclosure Policy)