



REQUEST FOR RELEASE OF FIRE DISTRICT RECORDS

Today's Date _____

A. REQUEST FOR RECORDS BY:

NAME: LAST	FIRST	MIDDLE	TITLE
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ORGANIZATION OR BUSINESS NAME IF APPLICABLE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS
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B. REQUEST FOR RECORDS FROM: (PLEASE CHECK ALL THAT APPLY)

- Entire Incident Report*
- Emergency Dispatch Center Report*
- Maps or Drawings (if available)*
- Photographs (if available)**

C. REQUEST FOR CLIENT RECORDS OF:

- SELF
- OTHER
(representing)

NAME: LAST _____ FIRST _____ MIDDLE _____

ADDRESS OF INCIDENT _____

CLIENT IDENTIFICATION NUMBER	OTHER IDENTIFICATION NUMBER	DATES OF INCIDENT
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D. REASON FOR REQUEST FOR BCFPD#2 RECORDS:

E. ACCESS TO RECORDS (COMPLETE THIS SECTION FOR ALL REQUESTS):

MAIL ALL REQUESTS TO:

Benton County Fire Protection Dist. #2
 PO BOX 719
 Benton City, WA 99320

REQUESTED BY (SIGNATURE) _____	DATE SIGNED _____
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If I am not the person who is the subject of confidential records, I am authorized to access these records because I am the (attach proof of authorization):

- Parent of minor
- Legal Guardian
- Personal representative
- Other:

OFFICE USE ONLY

DATE RECEIVED	RECEIVED BY: Records Request #:	ID VERIFIED HOW:	TOTAL CHARGES FOR REQUEST CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CK#
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