



South Kitsap Fire Rescue
 1974 Fircrest Dr. SE
 Port Orchard, WA 98366
 (360) 871-2411 FAX (360) 871-2426
 info@skfr.org

Request for Public Records

SOP 1-64

Date of Request: _____

Nature of Request:

Incident Date: _____

Incident: Fire EMS Other _____
 District Records _____

Identification of Records:

1) Patient:: Last: _____ First: _____ MI: _____

2) Patient: Birthdate _____ Last four of Social Security # _____

3) Location/Address of Incident: _____

Requestor:

Name: Last: _____ First: _____ MI: _____

Company: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Attorney / Legal Owner / Patient Public Non-Related
 Guardian Media Other Agencies (i.e., Police, DSHS, Fire Marshal)

How would you like to receive document? : in person Mail FAX Disk

Email (**not for EMS**) Email address: _____

Requestor's signature: _____

For Office Use Only

Processed Date/Time: _____ Incident # _____

Check here if request is for inspection only.

Amount Paid: _____ Cash Credit/Debit Check Number: _____ Receipt Number: _____

Picture I.D. Verified Request granted Record withheld Record withheld in part

Patient Release Signed Record was: Mailed Emailed Faxed Picked up in person

1. If withheld, name the exemption contained in RCW 42.17.310 which authorizes the withholding of the record or part of record: Subsection (1) (_____).

2. If withheld, explain how the exemption applies to the record withheld:

Notes: _____

SKFR Employee Signature: _____

Employee Number: _____