



South Kitsap Fire Rescue  
1974 Fircrest Dr. SE  
Port Orchard, WA 98366  
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## Request for Public Records

SOP 1-64

**Date of Request:** \_\_\_\_\_

**Nature of Request:** Incident Date: \_\_\_\_\_

Type:  Fire  EMS  Other: \_\_\_\_\_

Description: \_\_\_\_\_

### **Identification of Records:**

Location/Address of Incident: \_\_\_\_\_

Patient: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Patient: Birthdate: \_\_\_\_\_ Last four of Social Security # \_\_\_\_\_

### **Requestor:**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Patient  Parent  Media  Attorney/Legal (Pt. release required)

Guardian (POA Required)  Public Non-Related  Other Agencies (i.e. Police, FMO)

### **How would you like to receive document? :**

In person  Disk  FAX#: \_\_\_\_\_

Mail: Address: \_\_\_\_\_

Email: Address: \_\_\_\_\_

**Requestor's signature:** \_\_\_\_\_

#### *For Office Use Only*

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

\_\_\_\_\_

SKFR Employee Signature: \_\_\_\_\_ Employee Number: \_\_\_\_\_