

**PUBLIC RECORDS REQUEST FORM**

**INSTRUCTIONS TO REQUESTOR:**

In accordance with state law, within five business days of receiving a public record request, we will respond by either (1) providing the record; (2) acknowledging that the District has received the request and providing a reasonable estimate of the time the District will require to respond to the request; (3) denying the public record request; or (4) requesting clarification of the request.

This form should be completed in its entirety and may be emailed, mailed, faxed, or delivered in person, or the request may be made verbally. Verbal requests may require more time to process because they require the Public Records Officer to reduce the request to writing and verify with the requestor that the written form properly memorializes the request.

Send request to: Public Records Officer

Jennie Sand

PO Box 286

Lynden, WA 98264

Email: [prr@nwfrs.com](mailto:prr@nwfrs.com)

Fax: 360-746-6774

Phone: (360) 318-9933

Please indicate the following in reference to the charges and fees set forth in North Whatcom Fire and Rescue’s Public Records Policy and Procedure (check all that apply):

I wish to inspect these records in person.

I wish to inspect these records and then select records for copying or scanning.

I wish to receive paper copies of these records.

I wish to receive a CD containing electronic copies of these records.

I wish to have paper copies mailed to me.

I wish to have copies faxed to me.

I wish to have copies emailed to me or transmitted electronically.

Please also indicate the following:

The information requested is for commercial purposes. (RCW 42.17.270)

I am a claimant against the Fire District. (RCW 42.56.080)

Please describe the records you are requesting in detail and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide sufficient information to identify the records may result in a denial of the request (WAC 44-14-04002(3)).

Click here to enter text.

Date of Request: Click here to enter text. Time of Request: Click here to enter text.

Requestor Name: Click here to enter text. Phone Number: Click here to enter text.

Full Address: Click here to enter text.

Email Address: Click here to enter text.

Note: All communication (except delivery of records) between the Fire District and the requestor will be via email if an email address is provided.

**OFFICE USE ONLY:**

Request Received By: Personnel #:

Date: Time:

Release reviewed / released by: Personnel #:

Date: Time:

Comments:

Date completed: Request denied: No Yes

Reason for denial:

Fees (see Section 11 of the Public Records Policy and Procedure) [note that medical records are subject to actual allowable costs, average allowable costs, or a maximum flat fee as outlined in Section 5.11 and 45CFR 164.254©(4). A clerical fee of $26/request and a higher per page charge[[1]](#endnote-1)]

Flat fee ($2.00): YES NO

Copies provided: \_\_\_\_\_ # @ $0.15 each Subtotal $

Records scanned \_\_\_\_\_ # @ $0.10 each Subtotal $

Files uploaded \_\_\_\_\_ # @ $0.05 per four (4) electronic files Subtotal $

Data transmitted \_\_\_\_\_ # @ $0.10 per gigabyte Subtotal $

CDs provided: \_\_\_\_\_ # @ $1 each Subtotal $

Mailing cost: Envelope / Container Cost: $\_\_\_\_\_ Postage: $\_\_\_\_\_ Subtotal $

Customized Service Charge: YES NO Subtotal $

Total $

Date Paid: Receipt #:

Communications Log:

Person Notified By Via Date/Time Details

1. Medical records are charged at $1.17 for first 30 pages and $0.84 per page thereafter. [↑](#endnote-ref-1)