

**Requested By:**

Name	Telephone	
Address	Email	
City, State, Zip	Request Date	RequestTime

Your Relationship to Incident

**Information Requested:**Inspect/Review Only? Y/N (Circle one) Number of Copies Requested \_\_\_\_\_ (If Applicable)**Incident Information:**

Date of Incident	Time of Incident	Location (include County)
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I understand that if a list of individuals is provided me by North Whidbey Fire and Rescue, it will neither be used to promoted the election of an official or promote or oppose a ballot proposition as prohibited by RCW 42.17.130 nor for commercial purposes or give or provide access to material to others for commercial purposes as prohibited by RCW 42.56.070(9). I further understand that requested records may be redacted in accordance with RCW 42.56.

Signature	Date
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**For Office Use Only:**

Request granted	Record withheld	Record withheld in part	Time	Date
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- (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:

Signature

[ ] This indicates that your Record Request has been fulfilled and no further documentation will be forwarded.

[ ] This indicates that your Public Record Request requires further resources and you will be contacted on a future date.