

Whatcom County Fire District #5

2030 Benson Road

Point Roberts, WA. 98281

Phone: (360) 945-3473

Fax: (360) 945-2526

Public Records Request Form

Requestor: *Please complete this form and submit to the Fire Chief of Whatcom County Fire District 5.*

Please E-mail to chief@wcfcd5.com, or mail to 2030 Benson Rd., Point Roberts, WA, 98281.

Date of Request: _____

Requested By: Name: _____
Address: _____
City, State, & Zip: _____
Phone Number: _____
Email: _____

Detailed description of identifiable records being requested:

Requestor Read and Sign:

I understand that if a list of individuals is provided to me by Whatcom County Fire District 5 it will neither be used to promote 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 42.17.260(9).

I further understand that I may view these documents at no charge, but that I will be charged 15 cents per copy for all standard letter size black and white copies which I request and that other size publications, bound and/or color documents are available at additional expense.

Requestor's Signature and Date

To be completed by requestor:

____As the requestor I am asking that _____ copies be made for me as outlined below and I hereby agree to pay the estimated cost of this request as follows. If the cost of my request may exceed this amount I will be notified and given the option of continuing with copying or modifying my request. I understand I will receive my copies once I have paid the total amount due for this request.

____As the requestor I am asking to view the documents only.

Number of copies requested:

Estimated cost:

_____ Standard black & white @ \$.15/page

Total estimated cost of copies:

To be completed by requestor when documents are received:

Date copies received: _____

Method of payment: _____

Requestor's Signature verifying receipt: _____

Date: _____

To be completed by WCFD 5:

Number of copies: ____

Amount Owed: ____

Amount received: ____

Signature: _____

Date: _____

If WCFD 5 is unable to comply with request, the reason and any applicable exemptions under the RCW must be included below:

For Office Use Only:

Date _____ Time _____

(1)	Request	Record	Record withheld
	Granted _____	Withheld _____	In Part _____

(2) If a consent is needed, name of individual: _____

(3) If withheld, identify the exemption contained in chapter 42.56 RCW or other applicable statute that authorizes the withholding of the record or part of record:

(4) If withheld, explain how the exemption applies to the record withheld:

Signature _____

**Statutory Provisions that may affect the disclosure of
records by a Fire Protection District**

Attorney Client Privilege	RCW 5.60.060
Industrial Insurance	RCW 51.16.070
	RCW 51.48.040
	RCW 51.28.070
Juvenile Justice	Ch. 13.50 RCW
Alcohol & Drug Abuse Treatment.....	RCW 70.96A.150
Mental Health	RCW 71.05.390
Domestic Relations	RCW 26.09.225
Sexually Transmitted Diseases	Ch. 70.24 RCW
Health Care Information Act.....	Title 70 RCW
Background Checks	RCW 43.43.830 -.840
	WAC 446-20-300
Open Public Records Act.....	Ch. 42.56 RCW
Address Confidentiality for	
Victims of Domestic Violence.....	Ch. 40.24 RCW
Mental Health Services for Minors.....	Ch. 71.34 RCW
Americans with Disabilities Act	42 USC Sec. 12101 <i>et. seq.</i>
Occupational Safety and Health Act.....	29 USC Sec 657 <i>et seq.</i>
Federal Law on Substance Abuse Records	42 USC Sec. 290dd-2
Washington Industrial Safety and Health Act.....	Ch. 49.17 RCW

Most of the Federal or State agencies that administer the above acts have adopted regulations to implement the acts. The regulations must be reviewed together with the acts when reviewing record requests.