



Grays Harbor Fire District #1

P.O. Box 6

Oakville, WA 98568

admin@ghfd1.org

REQUEST FOR PUBLIC RECORDS:

Requestor Information: Print & Complete, BE SURE TO DATE AND SIGN REQUEST.

Name:		Phone:	
Address:		Email:	

Date of Request: _____

Nature of Request:

1. _____

2. Inspection only: _____

3. Number of Copies Requested: _____

Signature of Requestor: _____

Printed Name of Requestor: _____

For Office Use Only:

1. Request Granted: _____

2. Record Withheld: _____

3. Record Withheld in part: _____

Time: _____ Date: _____

Who took the Request:	
Date of Completion:	
Contacted Requestor:	
Signature of Employee:	

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

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