Brinnon Fire Department
272 Schoolhouse Road
Brinnon, WA 98320
(360) 796-4450

REQUEST FOR PUBLIC RECORDS

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Records Requested

Title of Record: _____

Date of Record: _____

Please describe below, the records you are requesting and any additional information that will help us locate them for you as quickly as possible.

Pursuant to RCW 42.17.320, we will respond within five (5) business days, either by providing the information requested, providing you with a reasonable estimate as to when the records will be available, or by denying the request.

Description of Records Requested:

Requester's Signature: _____

BFD Use Only

Request Processed by: _____
Date Received: _____ Date Completed: _____
Request was: ☐ Fulfilled ☐ Denied (Written explanation attached per RCW 42.17.320)

Number of Copies/Pages: _____ Per-Page Charge: _____ Total Charge: _____