



Proudly Serving the Communities of East Grays Harbor

Request for Inspection/Copying of Records

NOTE: The requested location must be within the boundaries of East Grays Harbor Fire and Rescue

Name _____ Date of request _____

Company/Affiliation _____ Phone _____

Address of requester _____ Fax _____

Building/premises location requested _____

Information or documents requested _____

For fire investigation reports, the following information is also required:

Date of loss _____

If the information or document/s sought is in the form of a list or named individuals, I certify that such list shall not be used for commercial purposes.

I understand that neither the Fire District nor its employees individually make any warranty, either actual or implied, as to the accuracy of the documents or information released pursuant to this request.

Signature: _____

FOR FIRE DEPARTMENT USE ONLY

Request received by _____ Date _____

Request: granted partially denied wholly denied

Chief: _____ Date _____

If denied wholly or partially, reasons are as follows: _____

Copy fee: \$21.00 Handling fee + No. of pages _____ @ 49 cents per page = \$ _____
Postage \$ _____
Total \$ _____