



REQUEST FOR RELEASE OF FIRE DISTRICT RECORDS

Today's Date _____

A. REQUEST FOR RECORDS BY:

NAME: LAST	FIRST	MIDDLE	TITLE
------------	-------	--------	-------

ORGANIZATION OR BUSINESS NAME IF APPLICABLE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS
--------------------------------------	--------------------------------	----------------

B. REQUEST FOR RECORDS FROM: (PLEASE CHECK ALL THAT APPLY)

- Entire Incident Report*
- Emergency Dispatch Center Report*
- Maps or Drawings (if available)*
- Photographs (if available)**

*Incident Report, the Emergency Dispatch Report or
 Maps or Drawings: **\$10.00 per report.**

Copy of Colored Photographs: **\$2.00 each page

C. REQUEST FOR CLIENT RECORDS OF:

- SELF
- OTHER
(representing)

NAME: LAST _____ FIRST _____ MIDDLE _____

ADDRESS OF INCIDENT _____

CLIENT IDENTIFICATION NUMBER	OTHER IDENTIFICATION NUMBER	DATES OF INCIDENT
------------------------------	-----------------------------	-------------------

D. REASON FOR REQUEST FOR BCFPD#2 RECORDS:

E. ACCESS TO RECORDS (COMPLETE THIS SECTION FOR ALL REQUESTS):

MAIL ALL REQUESTS AND PAYMENTS TO:

Benton County Fire Protection Dist. #2
 PO BOX 719
 Benton City, WA 99320

REQUESTED BY (SIGNATURE) _____	DATE SIGNED _____
--------------------------------	-------------------

If I am not the person who is the subject of confidential records, I am authorized to access these records because I am the (attach proof of authorization):

- Parent of minor
- Legal Guardian
- Personal representative
- Other:

OFFICE USE ONLY

DATE RECEIVED	RECEIVED BY:	<input type="checkbox"/> ID VERIFIED HOW:	TOTAL CHARGES FOR REQUEST CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CK#
---------------	--------------	--	---