

Thurston County Fire Protection District 17

REQUEST FOR PUBLIC RECORD

Name:				
Address: (Street, city & zi	o):			
Phone:	Business:	email:		
understand I will be char for mailing. If the identif	ged 15 cents per single sided, 8-1 fied records include medical recor	/2" x 11" page or as authorized rds of a District patient, you mus	ays in processing your request. Further, by statute. Actual postage will be charged also attach a patient authorization form the legal basis under which patient consen	
Thurston County Fire Prote	ction District #17 (Bald Hills Fire Depa	artment), it will not be used to prom	t if a list of individuals is provided to me by the note the election of an official or to promote of to material to others for commercial purposes	
Signature of Requestor			 Date	
For Office Use Only: Request received:			Time:	
This request is best proce	essed and given to	or	·	
	se rule begins one working date a or before day 5 if documents are		is request must advise the TCFPD#17 (Bald ve working days.	
This request was satisfied	d / Date			
Hand Delivered and Received b	y:			
Date Mailed:				
	ntify the exemption contained in chap I explain how the exemption applies t		statute that authorizes the withholding of the	
This request was not sati	sfied: Record Withheld	Record Redacted	Date	
Reason				
This request was denied	on	Ву		
Reason				
Number of pages x \$0.15				