

REQUEST FOR PUBLIC RECORDS

DATE _____

REQUESTING AGENCY _____
NAME _____ TELEPHONE _____
DEPARTMENT _____
ADDRESS _____
RECORD(S) REQUESTED: _____

ACTION REQUESTED: Inspection Copying
 Please mail the copies to me. (You will need to submit a check to the Skagit County EMS Commission for the mailing costs and copying costs before the copies will be mailed to you.)

SIGNATURE OF REQUESTOR _____
SIGNATURE OF DEPARTMENT HEAD _____
SIGNATURE OF AGENCY HEAD _____

REQUESTOR READ AND SIGN:
If my request is for a list of individuals, I certify that it will not be used for commercial purposes and that I will not give or provide access to the material to others for commercial purposes, as prohibited by RCW 42.17.260(9).

REQUESTER'S SIGNATURE: _____

SKAGIT COUNTY EMS COMMISSION RESPONSE

PROCESSING YOUR REQUEST HAS BEEN DELAYED BECAUSE:
_____ We need additional information. (See REMARKS)
_____ We need additional time to process your request. We anticipate being able to provide you with the requested records by _____
_____ Other (See REMARKS)

FINAL COMMISSION RESPONSE:
_____ The record(s) you requested is/are available for inspection at _____
_____ The record is available with certain information deleted. (See REMARKS)
_____ Your request to inspect or copy the record(s) has been denied, in whole or in part, for the reasons given in the REMARKS section.

*Copies will be made for a fee. The fee schedule policy will be made available upon request.
Please make your check payable to Skagit County EMS Commission.*

No. of Copies: _____ Mailing Costs: _____ Total Cost: _____

REMARKS: _____

Signature _____ Date _____

Date of Notification: _____ Requestor Notified: in person by mail by phone