Whatcom County Fire District #5

2030 Benson Road Point Roberts, WA. 98281

Phone: (360) 945-3473 Fax: (360) 945-2526

Public Records Request Form

Requestor: Please complete this form and submit to the Fire Chief of Whatcom County Fire District 5.

Please E-mail to <u>chief@wcfd5.com</u>, or mail to 2030 Benson Rd., Point Roberts, WA, 98281.

Date of Request	:
Requested By:	Name:Address:
Detailed descrip	otion of identifiable records being requested:
District 5 it will ne	Requestor Read and Sign: if a list of individuals is provided to me by Whatcom County Fire either be used to promote the election of an official or promote or proposition as prohibited by RCW 42.17.130 nor for commercial
	or provide access to material to others for commercial purposes as
charged 15 cents	and that I may view these documents at no charge, but that I will be sper copy for all standard letter size black and white copies which I other size publications, bound and/or color documents are available at se.
Requestor's Sign	ature and Date

To be completed by requestor:

As the requestor I am asking thatbelow and I hereby agree to pay the estimated co of my request may exceed this amount I will be no continuing with copying or modifying my request. once I have paid the total amount due for this request.	st of this request as follows. If the cost of the diven the option of I understand I will receive my copies			
As the requestor I am asking to view the doc	uments only.			
Number of copies requested:	Estimated cost:			
Standard black & white @ \$.15/page				
Total estimated cost of copies:				
To be completed by requestor when doc				
Date copies received: Me	:hod of payment:			
Requestor's Signature verifying receipt:	Date:			
*****************	**************			
To be completed by WCFD 5:				
Number of copies: Amount Owed:	Amount received:			
gnature: Date:				
If WCFD 5 is unable to comply with request, th exemptions under the RCW must be included	7			

For Office Use Only:		Date	Time				
(1)	Request Granted	Record Withheld		Record withheld In Part			
(2) If a consent is needed, name of individual:							
(4) If withheld, explain how the exemption applies to the record withheld:							
Signat	ure						

Statutory Provisions that may affect the disclosure of records by a Fire Protection District

Attorney Client Privilege	RCW 5.60.060
Industrial Insurance	RCW 51.16.070
	RCW 51.48.040
	RCW 51.28.070
Juvenile Justice	Ch. 13.50 RCW
Alcohol & Drug Abuse Treatment	RCW 70.96A.150
Mental Health	RCW 71.05.390
Domestic Relations	RCW 26.09.225
Sexually Transmitted Diseases	
Health Care Information Act	Title 70 RCW
Background Checks	RCW 43.43.830840
	WAC 446-20-300
Open Public Records Act	Ch. 42.56 RCW
Address Confidentiality for	
Victims of Domestic Violence	Ch. 40.24 RCW
Mental Health Services for Minors	
Americans with Disabilities Act	
Occupational Safety and Health Act	29 USC Sec 657 et seq.
Federal Law on Substance Abuse Records	42 USC Sec. 290dd-2
Washington Industrial Safety and Health Act	Ch. 49.17 RCW

Most of the Federal or State agencies that administer the above acts have adopted regulations to implement the acts. The regulations must be reviewed together with the acts when reviewing record requests.