

## Southwest/South Central Region EMS Public Records Request

Requests accepted by mail, fax, or in-person only. We do not accept Records Requests by phone or email.

The following information is to be filled out by the person requesting records:

Date of Request: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Requestor email address: \_\_\_\_\_

Title of Record(s) (if known): \_\_\_\_\_

Dates of Record(s) (if known): \_\_\_\_\_

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may result in denial of the request.

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I understand I may review records without charge. I further understand that if I request copies, I must pay the WREMS actual per page cost. I agree to prepay all duplication charges associated with my request (checks or debit/credit card only).

- I wish to have copies of the records indicated above.  
 I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

- Mailed to me  
 Call me and I will pick up in person

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 42.56

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please return this form to: Southwest/South Central Region EMS & TCC Office; PO Box 65158; Vancouver, WA 98665**

### SW/SC EMS Staff use only:

Date received:		Comments:	
Date completed:			
Request denied (circle one):	Yes No		
Copies provided (circle one):	Yes No	Fee\$ _____	Total\$ _____
Request completed by:		Payment Method (circle one):	Check Debit/Credit Card