

WALLA WALLA COUNTY FIRE DISTRICT 5

"Providing our citizens with quality life and fire safety services since 1953"



REQUEST FOR PUBLIC RECORDS

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| ADDR | ESS: | PHON | E: | |
| DATE | OF REQUEST: | | E OF REQUEST: | |
| NATU | RE OF REQUEST: | | ÷ | |
| 1. | | | | |
| 2. | INSPECTION ONLY | | | |
| 3. | NUMBER OF COPI | ES REQUESTED | | |
| ar pa | ertify that I am the point that if I am not cuntient authorized under the receive medical rece | rrently married to the other | t referenced in the records er parent, I am the legal cu tic Relations) to consent to | I am requesting, stodian of the minor medical treatment |
| ai | a receive medical i | | RE: | <u>ша — 3 4 — 3 — 3 — 3</u> — 3 |
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| (For of | fice Use Only) | | | |
| 1. | Request Granted: | Record Withheld: | Withheld In Part: | _ |
| | Time: | Date: | | |
| 2. | If withheld, name the withholding of the re- | exemption contained in RC cord or part of record: Subs | W 42.17.310 which authorizes ection (1) | the |
| 3. | If withheld, explain h | ow the exemption applies to | the record | |
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