



Evergreen Fire / Rescue Public Records Request

PLEASE PRINT OR TYPE: (All fields are required.)

Name: _____ Date of Request: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Day: _____ Evening: _____

Email Address: _____

INSTRUCTIONS:

Indicate the information you desire and/ or list each requested document. Please be as specific as possible. Allow 3 working days or a search of the records.

Paper copies requested: _____ Yes _____ No

I understand that costs may be associated with the completion of this request. Advise me of the costs before research/ copies are completed: _____ Yes _____ No

Signature: _____

.....
FOR DISTRICT USE ONLY:

CHARGES: _____ Copies @ \$0.25 per page = _____
_____ Research Hours at \$30/ hour (after first hour) = _____
_____ Flash Drive or CD copy @ \$ _____ per = _____

TOTAL DUE: _____ = _____

Request completed by: _____ Date / Time: _____

Amount Collected: _____ Form of Payment: _____ Date / Time: _____

Request Denied by: _____ Date / Time: _____

Reason for Denial: _____

