## North Country EMS Request for Public Records

Name of Requestor: _					
Address:					
City:		State:	Zip: _		
Phone:		Email:			
Please write a specific information that will he records or range of da	elp us locate the r	ecord(s) as quicl	kly as possil		
Within five business d making the record avarecords to the request	t the records at no t records and select the requested records ays of receipt of the ilable for inspection or; or (2) acknowle	charge. ct records to be of ords. (Note: Copure request, North on or copying, or edging receipt or	n Country E f the reques	MS will resport it is made, sen st and providir	nd by: (1) ding the ng a
reasonable estimate of denying the request.	r the time the disti	rict will require t	.o respond	to the request	; or (3)
Washington State law purposes. If I or some rights of the individua that the person reque individuals named in t	one else uses these is named and I may sting the record in	e records for cor y be liable for da tends that the lis	nmercial pu amages. "Co st will be us	urposes I may on ommercial pur sed to commu	violate the poses" means nicate with the
I certify that the lists oused for commercial p		ned through this	request fo	r public record	ls will not be
Dated this	day of		, 20_	·	
Signature:					

\_