



Request for Public Records

Valley Regional Fire Authority
1101 D Street NE
Auburn, WA 98002

REF# _____ (VRFA Use Only)

VRFA Records Department

vrfa.org/records
Office: (253) 288-5800
Fax: (253) 288-5970

DID YOU KNOW that you can request records through our website at vrfa.org? By creating an account, you can submit records requests, track the status of your requests, pay invoices, and communicate with our department—all through our online customer portal. Skip the paper and save time by creating an account at vrfa.org/records.

REQUESTOR'S CONTACT INFORMATION *Please fill out completely*

LAST NAME: _____ MAILING ADDRESS: _____
FIRST NAME: _____ MI: _____ CITY: _____ STATE: _____ ZIP: _____
COMPANY NAME: _____
EMAIL: _____ PHONE #: _____ FAX #: _____

INFORMATION/RECORDS YOU ARE REQUESTING

TYPE OF RECORD - Check all that apply:

Fire Incident
Medical Incident*
 Adult Patient
 Minor Child Patient
 Deceased Patient
Billing Records/Documents
Environmental Records/Documents
Other (describe details below)

ADDRESS/INTERSECTION of INCIDENT/BUSINESS

ADDRESS: _____

CITY: _____

VRFA INCIDENT #: CAF- _____
(if known)

DATE & TIME OF INCIDENT: _____

PATIENT/BUSINESS NAME: _____

Please describe in as much detail as possible what you are looking for, or need copies of:

(i.e. medical report, fire incident report, business occupancy information, etc.)

AUTHORIZATION FOR MEDICAL RECORDS

***If requesting medical information**, has a signed Medical Authorization Release Form (form can be downloaded from vrfa.org/records) and a copy of the requestor's government-issued photo ID been attached to this request? It is required for release of medical records:

NOT APPLICABLE YES

PUBLIC RECORDS STATEMENT

REQUESTS FOR PUBLIC RECORDS WILL BE RESPONDED TO/ACKNOWLEDGED WITHIN FIVE BUSINESS DAYS per RCW 42.56. By submitting this request, I understand that Washington State Law limits certain uses, including, but not limited to RCW 42.56.070, prohibiting using lists of individuals for commercial purposes. I hereby declare under penalty of perjury, under the laws of the State of Washington, that the requested records shall not be used in violation of State Law.

RETURN METHOD

Using the contact information above, I prefer my completed records to be returned by:

Mail Fax Email** Call me to pick them

****Note:** Medical records will **NOT** be e-mailed.
If you've requested medical records, please choose a different option for return.

Check here if you wish to make an appointment to view the records indicated above before copies are made

RETURN YOUR COMPLETED REQUEST USING ONE OF THE FOLLOWING METHODS:

1. Preferred Method: vrfa.org/records
2. Fax your completed request to Records, at (253) 288-5970
3. Mail your completed request to:
Valley Regional Fire Authority, Attn: Records
1101 D Street NE, Auburn WA 98002