



# Astoria Fire Department

Fire / Rescue / EMS / Prevention

555 30<sup>th</sup> Street  
Astoria, OR 97103

Phone: (503) 325-2345  
Fax: (503) 325-2346



## REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Requester's Company Name)

\_\_\_\_\_  
(Requester's Name)

\_\_\_\_\_  
(Requester's Address)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
(Requester's Phone Number)

\_\_\_\_\_  
(Requester's Email Address)

Astoria Fire Department

(Name of public body)

555 30<sup>th</sup> Street, Astoria, Oregon 97103

(Address of public body)

Attn: Fire Chief

(Officer or employee responsible for processing requests)

I (we), \_\_\_\_\_ (name(s)), request that

Astoria Fire Department (public body) and its employees (make available for inspection)

(provide a copy or copies of) the following records:

Date of Record: \_\_\_\_\_

Address on Record: \_\_\_\_\_

Description of Record: \_\_\_\_\_

\_\_\_ I wish to arrange an opportunity to personally inspect the requested records.

\_\_\_ I wish to pickup the copies of the requested records in person at Astoria Fire Department.

\_\_\_ I wish to receive copies of the requested records by mail.

[\_\_\_] Mail to the address above. [\_\_\_] Mail to a different address below. (select one)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
(Requester's Signature)

\_\_\_\_\_  
(Date)