



**PUBLIC RECORD REQUEST FORM**

Name		Date
Primary Phone	Secondary Phone	
Fax	Email	
Address		
What public record is being requested?		<i>Typed requests may be submitted on a separate page</i>
Why are you requesting this report?		

Requests may be hand delivered, mailed, or faxed to Seaside Fire & Rescue at 503-717-9318

I understand that a fee of \$25.00 is required to be paid to the **City of Seaside 989 Broadway, Seaside OR 97138** prior to the release of a report.

Payment must be collected in advance before receiving any report.

If inquiring about personal or medical treatment information a signed release form must accompany this request signed by the patient (s) or guardian.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Fire Department Only - DO NOT WRITE BELOW THIS LINE - Fire Department Only**

Payment received	Date	Records handled / submitted by:	Date
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