CLALLAM 2 FIRE-RESCUE

Public Disclosure Request Form

DATE

NAME			
FIRM/ORGANIZATION			
ADDRESS-STREET	CITY	STATE	ZIP
TELEPHONE NUMBER (Business,, Home, etc.)	EMAIL		

IDENTIFY IN **DETAIL** THE RECORDS/DOCUMENTS THAT YOU ARE REQUESTING: (Use additional pages if necessary)

MAIL/FAX/EMAIL YOUR REQUEST TO:

Clallam County Fire District No. 2
Attn: Public Records Officer
PO Box 1391
Port Angeles, WA 98362

PHONE NUMBER 360-457-2550
FAX NUMBER 360-457-2551
EMAIL admin@clallamfire2.org

Please note that there is a charge of .15 per page.
Postage charges will be charged, if requested documents are to be mailed.
By submitting this request, you are certifying that you will not use the information for commercial purposes.