



**REQUEST FOR PUBLIC RECORDS –
Incident Reports (only)
TUKWILA FIRE DEPARTMENT**

THIS FORM IS FOR FIRE DEPARTMENT INCIDENT REPORTS (i.e Fire Aid calls)
A response will be provided in 5 business days (not including weekends and State holidays).

NAME: _____ DATE: _____
COMPANY: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____ E-MAIL: _____

INFORMATION/RECORDS YOU ARE REQUESTING:

Incident Date: _____

Incident Time: _____

Incident Location: _____

PLEASE DESCRIBE IN AS MUCH DETAIL AS POSSIBLE WHAT YOU ARE LOOKING FOR OR NEED COPIES OF: _____

Email the completed form to FireMarshal@tukwilawa.gov or mail to Tukwila Fire Marshal’s Office, 6300 Southcenter Blvd., Suite #209, Tukwila, WA 98188.

For Non Fire-Incident specific Public Records Requests, please contact the City Clerk’s Office at 206-433-1800 for assistance.

FOR OFFICE USE ONLY

COMPLETED _____ day of _____, 20____. BY: _____

DATE RECEIVED: _____

STAFF INITIALS: _____