

# Western Lane Ambulance District

2625 Highway 101 North Florence, OR 97439-9702  
(541) 997-9614

## Request for Disclosure of Public Records

Date: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

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

Requester Phone: \_\_\_\_\_

Requester Email: \_\_\_\_\_

Public Records Requested (use additional pages if necessary)

\_\_\_\_\_

\_\_\_\_\_

I wish to arrange an opportunity to personally inspect the requested records

I wish to receive copies of the requested records

See Policy on Fees for Obtaining Public Records for a list of applicable fees.

\_\_\_\_\_  
(Requesters Signature)

For Office Use Only Received Stamp/Initials

|  |
|--|
|  |
|--|