

**HOWARD F. DELANEY**  
CITY ATTORNEY

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**OFFICE OF THE CITY ATTORNEY**  
808 W. SPOKANE FALLS BLVD.  
SPOKANE, WASHINGTON 99201-3326  
(509) 625-6225  
FAX (509) 625-6277

Dear Sir or Madam:

You have expressed an interest in inspecting or obtaining a copy of an emergency medical report from the City of Spokane Fire Department. The City of Spokane recognizes that there may be potential confidentiality or privacy issues with the release of this document, and, therefore, has established the following procedures:

1. The release form on the back of this letter must be completed and signed before a notary public. If you, the requester, are not the victim, you will need to attach the victim's permission for release or otherwise explain why this is impracticable or impossible.
2. Take or mail the completed release form to:  
  
City of Spokane Fire Department  
Attn: Nancy  
44 W Riverside Ave  
Spokane WA 99201
3. The Fire Department will make a copy of the emergency medical report and send it to the City Attorney's office for review.
4. The City Attorney's Office will authorize or deny release. If release is authorized, the report will be mailed to you.

If you have any questions, please contact me at (509) 625-6225.

Very truly yours,

**HOWARD F. DELANEY**  
City Attorney

By: \_\_\_\_\_

  
Salvatore J. Faggiano  
Assistant City Attorney

**CITY OF SPOKANE FIRE DEPARTMENT**

**REQUEST FOR INSPECTION/COPYING  
EMERGENCY MEDICAL REPORTS**

I request to inspect/copy the emergency medical reports(s) for the following:

Name(s) of Patient(s) \_\_\_\_\_

Incident Location \_\_\_\_\_

Incident Date \_\_\_\_\_ Report No. \_\_\_\_\_

The City of Spokane and its employees do not make any warranty, expressed or implied, as to the accuracy of the document(s) requested to be inspected/copied.

Signature \_\_\_\_\_

Name Printed \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

If you wish this report to be sent to a person other than yourself, please identify below:

Name: \_\_\_\_\_

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

STATE OF WASHINGTON )

County of \_\_\_\_\_ ) ss.

County of \_\_\_\_\_ )

I certify that I know or have satisfactory evidence that \_\_\_\_\_ signed this document and acknowledged it to be his/her free and voluntary act for the uses and purposes therein mentioned.

Dated \_\_\_\_\_

Notary Public In and for Washington State  
Residing at \_\_\_\_\_

My appointment expires \_\_\_\_\_

**FOR CITY USE ONLY**

Date Request Received \_\_\_\_\_ Date of Action \_\_\_\_\_

Request: Granted \_\_\_\_\_ Denied \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_

By: \_\_\_\_\_ Assistant City Attorney