

REQUEST FOR PUBLIC RECORDS ACCESS

Please complete this form, providing as much detail as possible, and return to the address above. Describe the specific record(s) you are requesting and any additional information that may help us locate the record(s), such as related dates or names. Please indicate if you wish any record(s) to be copied, otherwise we will make documents available for your review.

Requestor's Name/Agency: _____

Mailing Address: _____

Contact Phone #: _____ Fax Number: _____

DESCRIPTION OF RECORDS REQUESTED: COPIES REQUESTED: YES NO

I hereby certify that if a list of individuals is obtained through this request for public records that it will not be used for commercial purposes, as Washington State law prohibits use of information for these purposes. I agree to pay any fees as imposed for copies, staff time making copies, and extensive postage or delivery expenses.

Signature: _____ Date: _____

FOR AGENCY USE Below

Received By:	Forwarded To and Received By:	Comments (please initial):	Request Completed By:
Date:	Date:		Date:

