

Public Records Request

Date of Request: _____

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email Address of Requestor: _____

Title of Record(s) (if known): _____

Date of Record(s) (if known): _____

Location of Record (department if known) : _____

Please describe the records you are requesting and any additional information that will assist us in location this information for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.

I understand there is a minimum of \$0.15 per page that may be charged for duplication of these specific records. I agree to pay duplication charges associated with my request.

I wish to have copies/duplicates of the records indicated above.

I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

Mailed to me

Call me and I will pick up in person

E-mailed to me

I certify that any list of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 42.56.070(9)

Signature _____

Date _____

For Exchange Staff use only:

Date received: _____	Request denied: Y___ N___	Copies provided: Y___ N___	Fee \$ _____
Date completed: _____	Request completed by: _____		