



REQUEST FOR PUBLIC RECORDS

NAME OF REQUESTER: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ DATE OF REQUEST: _____ TIME: _____

NATURE OF REQUEST:

1. Identification of records:

2. Inspection only: _____

3. Number of copies requested: _____

I declare under penalty of perjury under the laws of the State of Washington that I do not intend to use any list of individuals that way be covered by this request for commercial purposes.

Signature _____

For Office Use Only: Date: _____ Time: _____

(1) Record Record Record Withheld
 Granted _____ Withheld _____ in Part _____

(2) If a consent is needed, name of individual: _____

(3) If withheld, identify the exemption contained in Chapter 42.56 RCW or otherwise applicable statute that authorizes the withholding of the record or paid of record:

(4) If withheld, explain how the exemption applies to the record withheld:

Signature _____

