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 may be covered by this request for commercial purposes.

Signature ______________________________________________________________________

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For Office Use Only:   Date ________   Time ________

(1) Request Granted _____   Record Withheld _____   Record Redacted _____

(2) No Record Found _____________

(3) If consent is needed, name of individual: ______________________________________

(4) If withheld or redacted, identify the exemption contained in chapter 42.56 RCW or other applicable statute that authorizes the withholding of the record or part of record:

____________________________________________________________________________

(5) If withheld or redacted, explain how the exemption applies to the record withheld:

____________________________________________________________________________

Signature ______________________________________________________________________
Name (printed)

Date of Birth

Social Security Number

Applicant Signature

Date

SUBSCRIBED AND SWORN to before me on this _____day of _________________, 20____.

Notary Public in and for the State of __________________________, residing at __________________________.