



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 _____

=====

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
