Public Records Request Form

Person making request:

Name: ______________________  Address: _______________________
                                      _______________________
                                      _______________________
Phone: ______________________  E-mail: _______________________

Name or description of record(s) requested:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Additional information to help locate records (optional):
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

I would like to:
☐ inspect the records at no charge (I may request copies after inspection).
☐ receive copies of the records after paying required copying charges. I am willing to pay up to $_______ for those copies.

________________________________________  __________________________
Signature       Date

Limitation On Use For Commercial Purposes
Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. “Commercial purposes” means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. By signing below, you are certifying that the lists of individuals obtained through this request for public records will not be used for commercial purposes.