



**Request for Public Records**

*Do not use this form to request student records.*

|                    |              |      |
|--------------------|--------------|------|
| Name:              |              |      |
| Firm/Organization: |              |      |
| Address:           |              |      |
| City:              | State:       | ZIP: |
| Telephone Number:  | Cell Number: |      |
| E-mail:            |              |      |

Identify in **detail** the records/ documents that you are requesting: (Please be specific about the records you wish to see. If you do not know the name of the records, make your request in the form of a question). Identifying the **purpose** of your request is generally optional but is encouraged to help us fill your request.

- Request to inspect or review records                       Request to obtain copies of records (.15 per page)

Certain information is exempt from disclosure; refer to RCW 42.56 for information on state law regarding public records and certain records which are exempt from public disclosure.

I understand that Washington State law, RCW 42.56.070(9), prohibits disclosure of lists of individuals for commercial purposes. If requesting a list of individuals, I hereby declare under penalty of perjury, under the laws of the State of Washington that the requested records shall not be used to generate revenue or financial benefit from the direct use of the lists, or by selling or otherwise providing the lists to third parties for commercial purposes.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_