



REQUEST FOR PUBLIC RECORDS - (not for use for student transcripts)

Name of Requestor: _____

Mailing Address: _____
Street Address *Apt/Unit #*

City *State* *ZIP code*

Phone: _____ **Email:** _____

Date: _____

Describe the records requested and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates.

If this request is for a list of individuals, I certify under penalty of perjury under the laws of the State of Washington that any list of individuals obtained through this request will not be used for commercial purposes in violation of RCW 42.56.070(8).

Signature and Date

Please identify how you would like to view the records:

- | | |
|--|--|
| <input type="checkbox"/> Inspect the records at <i>{Enter Agency Name}</i> offices | <input type="checkbox"/> Receive hard copies via <i>(select one)</i> mail <input type="checkbox"/> or pickup <input type="checkbox"/> |
| <input type="checkbox"/> Receive electronic copies via email | <input type="checkbox"/> Receive electronic copies via <i>(select one)</i> : flash drive <input type="checkbox"/> CD <input type="checkbox"/> mail <input type="checkbox"/> or pickup <input type="checkbox"/> |

FOR USE BY PUBLIC RECORDS OFFICER

	Date	Initials	Notes
Date Received	_____	_____	_____
Five-Day Notice Sent	_____	_____	_____
Installments	_____	_____	_____
Request Completed	_____	_____	_____
Cost Information	_____	_____	_____

If exemptions are claimed, complete **Exemption Log**

Staff Involved in Search:

Search Terms and Parameters:

Locations Searched:

Accounts Searched:

Records Provided:

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