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PUBLIC RECORDS REQUEST FORM

This section must be completed by the requesting person, business or agency. Please Print Clearly

Name _____
Agency _____
Address _____
City, State, _____ **Zip** _____
Daytime Phone _____
Cell Phone _____
Email _____

Date of Request _____
Request Made ___ **In Person** ___ **In Writing** ___ **Telephone** ___ **Fax** ___ **Email** ___
Request Received by: _____

Description of Request
Please be as specific as possible with the type of information you are requesting; time period, document title, etc. (attached additional pages, as needed).

Action Requested ___ Inspection ___ Copy ___
There is no charge for records inspection. Copy charges are \$0.15 per page.