



# Public Records Request

Date of Request: \_\_\_\_\_

Name of Requestor/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address of Requestor: \_\_\_\_\_

Title of Record(s) (if known): \_\_\_\_\_

Date of Record(s) (if known): \_\_\_\_\_

Location of Record (if known): \_\_\_\_\_

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.

I understand there is a minimum of \$0.15 per page that may be charged for duplication of these specific records. I agree to prepay duplication charges associated with my request.

  

I wish to have copies/duplicates of the records indicated above.

I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

  
  

Mailed to me

Call me and I will pick up in person

E-mailed to me (If files are too large to e-mail, the District will contact you to make other arrangements.)

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 42.56.070(9).

Signature \_\_\_\_\_

Date \_\_\_\_\_

For District Staff Only

Date received: \_\_\_\_\_ Comments: \_\_\_\_\_  
Request denied: \_\_\_ Yes \_\_\_ No Copies provided: \_\_\_ Yes \_\_\_ No Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
Date completed: \_\_\_\_\_ Request completed by: \_\_\_\_\_