

PUBLIC RECORDS REQUEST FORM

Please complete this form to request access to or copies of public records. Providing a clear and specific description of the records requested will help the agency locate responsive records. Please submit this form to the appropriate Public Records Officer.

SECTION 1 — REQUESTOR INFORMATION

Name of Requestor:

Mailing Address:

Telephone Number:

Email Address:

SECTION 2 — REQUEST DETAILS

Date of Request: _____ Time of Request: _____

Preferred Method of Receiving Records:

☐ Electronic copies by email

☐ Paper copies

☐ Inspection of records

☐ Other: _____

Description of Public Records Requested

Please describe the records you are requesting in as much detail as possible. Include relevant dates, subject matter, record types, names of departments or individuals, and any other information that may assist in identifying the records.

Date Range of Records Requested (if applicable):

From: _____ To: _____

SECTION 3 — COMMERCIAL PURPOSE

Does this request involve a list of individuals?

☐ Yes ☐ No ☐ Unsure

If the request involves a list of individuals, will the information be used for commercial purposes?

☐ Yes ☐ No

If yes, please describe the intended commercial purpose:

SECTION 4 — REQUESTOR ACKNOWLEDGMENT

I understand that public records requests are processed in accordance with the Washington State Public Records Act, Chapter 42.56 RCW, and other applicable laws. I understand that certain records or portions of records may be exempt from disclosure under applicable law.

Requestor Signature (optional): _____

Date: _____

FOR AGENCY USE ONLY

Date Received: _____ Time Received: _____

Received By:	_____
Agency Tracking Number:	_____
Assigned Public Records Officer:	_____
Acknowledgment/Response Due Date:	_____

Notes: