

**PUBLIC RECORDS REQUEST FORM**

(Resolution 515-14)

Public Records Act RCW 42.56

**PLEASE PRINT**

NAME(S) OF REQUESTOR: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ Email: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

Special Handling:

- Please mail copies       Please hold for pick-up  
*(Payment is required before mailing)*

Request was made:

- In Person       By Phone       By Mail (Attach Request)

Description of Records sought (Please be as specific as possible as to what you seek and any additional information that will assist in quickly locating them.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I, the above identified person(s), certify that the information obtained through this REQUEST for PUBLIC RECORDS will not be used for commercial or illegal purposes. I agree to pay a reasonable standard charge of \$.15 per copy plus cost of mailing.***

**SIGNATURE OF REQUESTOR:**

**DATE:**

**FOR DEPARTMENT USE ONLY:**

Action taken on Request, and Reason taken on action if request denied in whole or part:  
 Allow Access       Deny Access       We Do Not have the Record(s)  
Request Received By: \_\_\_\_\_ Date Action Taken: \_\_\_\_\_  
Number of Copies: \_\_\_\_\_ x.15      Staff Time: \_\_\_\_\_  
**Total Copy Charge: \$** \_\_\_\_\_