



A response to your request will be sent within 5 BUSINESS DAYS.

1. PROVIDE THE FOLLOWING INFORMATION:

Name (please include any alias or maiden name):

Social Security Number:

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2. CHECK ONE OR MORE BOXES TO INDICATE THE RECORDS BEING REQUESTED:

I am requesting a copy of my Employment History from
_____ through _____
(start date) (end date)

I am requesting a copy of my Unemployment Payment History from
_____ through _____
(start date) (end date)

If you are seeking records other than the above (identify here):

3. AUTHORIZATION AND SIGNATURE:

a) Mail or Fax records to:

ATTN:

City of Seattle
Utility Discount Program
810 3rd Ave, Ste 350
Seattle, WA 98104
Phone (206) 684-0268
FAX: (206) 621-5012

b) Send Request to:

Employment Security Department
Attn: Records Disclosure Unit
P.O. Box 9046
Olympia WA 98507-9046
Phone: (360) 407-4580
FAX: (866) 610-9225

c) I authorize the requested information/records be released and sent to the entity identified in Section 3a.

d) By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the individual whose records are being requested.

X _____

Signature (Required)

_____ Date