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REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Requesting Party: _____
Mailing Address: _____
Street City State Zip
Phone: (Day) _____ (Evening) _____
Email: _____ (Fax) _____

Please describe in detail the records being requested, including author, title, date and or date range.

REQUESTED DOCUMENTS ARE FOR:

REVIEW COPYING INSPECTION, THEN COPY OF SELECTED PAGES

* There is a 15 cents per side copying fee for standard black and white copies.

I hereby declare, under penalty of perjury under the laws of the State of Washington, RCW 42.56.070 (9), that should my request contain a list of individuals, the information obtained through this request will not be used for commercial purposes.

Signature of Requestor

Date

FOR OFFICIAL USE ONLY

Date Received:

Received By:

Request Number: