

REQUEST FOR PUBLIC RECORDS

NAME OF REQUESTER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF REQUEST: _____ TIME: _____

NATURE OF REQUEST:

1. Identification of records: _____

2. Inspection only: _____

3. Number of copies requested: _____

Signature _____

For Office Use Only: Date: _____ Time: _____

1. Request Granted: _____ Record Withheld: _____ Record Withheld In Part: _____

2. If consent is needed, name of individual: _____

3. If withheld, identify the exemption contained in RCW 42.17.310, or other applicable statute that authorizes the withholding of the record or part of record:

4. If withheld, explain how the exemption applies to the record withheld: _____

Signature: _____