

## REQUEST FOR PUBLIC RECORDS

NAME OF REQUESTOR: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_ TIME: \_\_\_\_\_

NATURE OF REQUEST:

1. Identification of records: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Inspection only \_\_\_\_\_

3. Number of copies requested \_\_\_\_\_

4. I certify that I am not requesting this information for, nor will I use the information for, commercial purposes

Signature \_\_\_\_\_

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For Office Use Only:

(1) Request Granted _____	Record Withheld _____	Record withheld in Part _____
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Date \_\_\_\_\_ Time \_\_\_\_\_

(2) If withheld, name the exemption contained in RCW 42.17.310 which authorizes the withholding of the record or part of record: Subsection (1) ( ).

(3) If withheld, explain how the exemption applies to the record withheld:

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

Signature \_\_\_\_\_