

REQUEST FOR PUBLIC RECORDS

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

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

\_\_\_\_\_

PHONE NO.: \_\_\_\_\_

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

NATURE OF REQUEST:

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Requestor Signature: \_\_\_\_\_

**For Office Use Only:**



1. Request	Record	Record
Granted _____	Withheld _____	Withheld in Part _____
Time _____	Date _____	

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:

\_\_\_\_\_

\_\_\_\_\_

Record Identification: \_\_\_\_\_

Public Records Officer Signature: \_\_\_\_\_