



**PUBLIC RECORDS DISCLOSURE REQUEST FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Description of Records Requested:** *Please provide as much information as possible to assist us in identifying the records you are requesting. Include subject, titles, dates and other possible names used. Pursuant to RCW 42.56.070(1) please note that some records may be exempt from disclosure.*

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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: \_\_\_\_\_

<b>THIS SPACE FOR CHH USE ONLY:</b>		
Date Received:	Response Date:	PDR ID#:
Public Disclosure Officer Initial:	Date Closed:	