Today’s Date ______________ Form Completed by: ____________

Requester’s Name:
_______________________________________________________

Mailing Address: ____________________________________________

__________________________________________________________ [CITY] [STATE] [ZIP CODE]

Email Address: ____________________________________________

Phone where Requester can be reached during day: _____ - _____ - _______

Description of records (Please be as specific as possible. If known, include author, recipient, title, date or date range, etc. Attach additional sheet if necessary)
___________________________________________________________________
___________________________________________________________________
__________________________________________________________

Departments and Elected Officials subject to this request (Please be specific):

_______________________________________________

Upon locating documents I request:
[ ] Inspection Only   [ ] Copy All
[ ] Inspection, then copy selected pages

Date desired: _________________ [Most requests are filled within five business days] If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes. I understand that the county does not warrant the accuracy or completeness of data provided electronically.

Date: __________________________ [SIGNATURE]

Place: __________________________

FOR USE BY PUBLIC RECORDS OFFICER

| Date Received: ________ _________ | Five Day Notice Sent: ________ _________ |
| Request Satisfied: ________ ________ | Exemption Statement Sent: ________ ________ |