



REQUEST FOR PUBLIC RECORDS

Name of Requestor: _____

Phone: _____ Date of Request: _____ Time of Request: _____

Desired Method of Receipt: Email: _____

Fax: _____

USPS: _____

Date of Incident: _____ Time of Incident: _____

Address and Description: _____

Signature of Requestor _____

For Office Use Only

Granted _____ **Withheld** _____ **Withheld In Part** _____ **No Records** _____
Per RCW 42.17.310 Per RCW 42.17.310

Date: _____ **Time:** _____

Additional Comments: _____

Signature of Records Custodian: _____