



## 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 \_\_\_\_\_

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### *For Office Use Only*

**Granted** \_\_\_\_\_

**Withheld** \_\_\_\_\_  
Per RCW 42.17.310

**Withheld In Part** \_\_\_\_\_  
Per RCW 42.17.310

**No Records** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Records Custodian:** \_\_\_\_\_