



## PUBLIC RECORDS REQUEST

### Section A - Requester Information

NAME OF REQUESTING INDIVIDUAL		TITLE
PHONE	FAX	E-MAIL
FIRM OR TRADE NAME		
BUSINESS ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)		
CITY	STATE	ZIP

### Section B - Record(s) requested

Describe the record you are requesting. Please be as specific as possible and include enough detail to assist our staff in locating the record(s). For multiple records, attach additional pages.

DESCRIPTION OF RECORDS REQUESTED

### Section C - Receiving record(s), certification

Please specify the delivery date desired, preferred method of receiving the requested record(s), and whether you require the records to be certified.

- I would like to receive the requested records no later than: \_\_\_\_\_ (DATE)
  I prefer to receive the record(s) by postal mail at the mailing address above
- I would like to have the record(s) certified.
  By e-mail at the e-mail address above
- In person

Have you previously contacted us about this request? If so, please list.

PERSON CONTACTED REGARDING THIS REQUEST

By signing below I certify that the information above is true and correct to the best of my knowledge.

SIGNATURE OF REQUESTING INDIVIDUAL	DATE
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#### Office use only

**Estimate**

An estimate of \$ \_\_\_\_\_ (AMOUNT)  
 was provided on \_\_\_\_\_ (DATE)  
 by \_\_\_\_\_ (BOARD STAFF)

**Request status**

- Authorization to proceed \_\_\_\_\_ (DATE)  
 Request withdrawn \_\_\_\_\_ (DATE)  
 Information provided and request completed \_\_\_\_\_ (DATE)  
 Information not provided - law excludes information requested  
 Other \_\_\_\_\_ (DETAIL)

**Payment status**

Amount received \$ \_\_\_\_\_ (AMOUNT)  
 Cash     Check \_\_\_\_\_ (NUMBER)  
 Other \_\_\_\_\_ (DETAIL)

**Forward completed form to:**  
 Public Records Officer  
 Workforce Snohomish

SIGNATURE OF RECORD CUSTODIAN