



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

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 |
|------------------------------------|------|

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- Request withdrawn _____ (DATE)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