



SOUND CITIES ASSOCIATION

PUBLIC RECORDS REQUEST FORM

Name: _____

Mailing Address: _____
Street City State Zip

Phone: _____ E-mail: _____

Description of Records Requested:

Please provide as much detail as possible to assist in identifying the records sought. Include subject, titles, acronyms, dates, etc., if known. (Additional pages may be attached)

[Empty text box for description of records requested]

*Some records may be specifically exempt from disclosure. RCW 42.56.070(1)

REQUESTED RECORDS ARE FOR:

____ INSPECTION ____ COPYING ____ INSPECTION, THEN COPYING OF SELECTED PAGES

*There is no cost to inspect public records. The charge for photocopies is \$0.15 per page (black & white, 8 1/2 x 11, per side). The charge for other types of copies is SCA's actual cost or as set forth in SCA's Public Records Policy.

I hereby declare under penalty of perjury under the laws of the state of Washington, RCW 42.56.070(9), that should my request contain a list of individuals, the information obtained through this request will not be used for commercial purposes.

Signature of Requestor Date