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)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*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 ½ 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

6300 Southcenter Blvd. Suite 206, Tukwila WA 98188
Phone: (206) 433-7168  Fax: (206) 242-8031
Email: publicrecordsofficer@soundcities.org