

# Public Records Request Form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I request copies of the following public records:

*If you are requesting a specific record, please identify the record by name if you know it. If you do not know the name of the record, please indicate what information you are requesting.*

I understand that Washington State Law, RCW 42.17.260(9), prohibits agencies from giving, selling or providing access to lists of individuals for commercial purposes. If I receive a list of individuals in response to this request, I do hereby certify under penalty of perjury under the laws of the state of Washington that I will not use said records for commercial purposes, nor will I share these records with others who intend to use them for commercial purposes.

I understand that RCW 42.17.260 and .300 provides that I may be charged a per page copy fee and the costs of postage and containers to copy and/or mail the records I have requested.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **For YCWCB Purposes Only:**

Estimate or actual costs (specify)      Copies:      \$ \_\_\_\_\_      Time: \_\_\_\_\_

Container:      \$ \_\_\_\_\_      Salary: \_\_\_\_\_

Request No: \_\_\_\_\_ (xxx-dd/mm/yy)

Public Records Officer: \_\_\_\_\_