



Request for Public Records

Date and Time of Request: _____

Please Check One: I want to inspect the records. I want to receive copies of records.
 I want to inspect the records first and then select records to copy.

Please note that inspection of records is free and the charge for standard photocopies is \$.15 per page.

Please Identify Records Requested: _____

Please Enter Contact Information:

Name: _____ Representing: _____

Address: _____ Telephone: _____

_____ Fax: _____

E-Mail: _____

Preference for Receiving Copies of Records:

Format (paper, electronic): _____

Method of Delivery: Mail Email In Office Other (specify below)

I understand that records will be provided within the guidelines set forth in the Revised Code of Washington (RCW) Chapter 42.56 and YRCAA Administrative Code, Part C, Section 1.

Signature: _____ **Date:** _____

Other Information: