REQUEST FOR PUBLIC RECORDS

Name of Requestor: _____

Mailing Address: _____
Street Address *Apt/Unit #*

_____
City *State* *ZIP code*

Phone: _____ **Email:** _____

Date: _____

Describe the records requested and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates.

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the State of Washington that any list of individuals obtained through this request will not be used for commercial purposes in violation of RCW 42.56.070(8).

_____
Signature and Date

Please identify how you would like to view the records:

☐ Inspect the records at SMFR

☐ Receive hard copies via *(select one)* **mail** ☐ or **pickup** ☐

☐ Receive electronic copies via **email**

☐ Receive electronic copies via *(select one)*: **flash drive** ☐ **CD** ☐ **mail** ☐ or **pickup** ☐