



Request for Public Records

Requesting Party _____ Date: ___/___/___

Company or Agency (if applicable) _____

Address: _____

Telephone: (____) _____ Fax (____) _____ Email: _____@_____

Signature: _____

Individual named above seeks to:

1. Inspect and/or;

2. Receive copy of public record of:

3. Is the inspection or copying of any requested public record(s) for commercial purposes? Yes No

If yes, indicate which records: _____

The public records officer shall be responsible for implementing the College's rules and regulations regarding release of public records, coordinating the staff of the College in this regard, and generally ensuring the compliance with the public record laws under Chapter 42.56 RCW and as hereinafter amended.

Action by Public Records Officer (official use only)

Date request received: ___/___/___ Date requested acknowledge: ___/___/___ Request granted

Date Department(s) provided records: ___/___/___ Date request completed: ___/___/___

Inspection only Electronic copies emailed Paper Copies Requested # of pages: _____
(\$0.25 per copy)

Signature: _____ Date: ___/___/___
Public Records Officer or Designee Title