

**Request for Inspection/Copying of Public Records**  
(Revised Code of Washington 42.56)

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Name: \_\_\_\_\_ Company/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Identification/Description of Record(s) Sought:**

Please be as specific as possible. We will be able to process your request faster if you clearly identify the records you are requesting to review. Note that pursuant to RCW 42.56.520 we have five (5) business days to respond to your request. (Copy fee is \$.15 per page)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If the record(s) sought is/are in the form of a list of named individuals, I certify, covenant, and warrant that such list will not be used for commercial purposes pursuant to RCW 42.56.070(9).

\_\_\_\_\_  
Signature

**For Department Use Only:**

Request Received By: \_\_\_\_\_ If requested granted, copy fee (if any): \_\_\_\_\_

If request denied, wholly or partially, reasons are stated as follows:

\_\_\_\_\_  
\_\_\_\_\_

**Request for Review of Denial of Inspection:**

Requester's Signature: \_\_\_\_\_  
Received by Staff Member: \_\_\_\_\_  
Signature of Dept. Head: \_\_\_\_\_

Denial Overturned: \_\_\_\_\_  
Denial Modified: \_\_\_\_\_  
\*Denial Upheld \_\_\_\_\_  
*\*result if no action taken by end of  
second business day*