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INFORMAL REQUEST FOR ENVIRONMENTAL HEALTH COPIES

Requested by: _____ Date: _____

Mail Pick-up Email* Fax Fax Number: _____

To:

Name: _____

Mailing address: _____

Email*: _____

City: _____ State _____ Zip: _____

Phone Number: _____

Please copy the checked forms:

Onsite septic system records
Parcel Number: _____

Other _____

Special Instructions: _____

Completed by: _____ Date Completed: _____

This form is not an official Public Records Request. To submit an official Public Records Request go to the Mason County web site to download the form at:
http://www.co.mason.wa.us/forms/commissioners/public_records_request.pdf
Public Records Requests must be submitted to the appropriate department's Records Officer.