

MASON COUNTY PUBLIC RECORDS REQUEST FORM

**415 N 6th Street- PO Box 186, Shelton WA 98584
PHONE (360) 427-9670 ext. 400 FAX (360) 427-7787**

Requestors name:	Date:
Company Representing:	Mail _____ Fax _____ Pickup _____ View _____
Address:	Phone:
City, State, Zip:	Fax:
Parcel #:	Parcel Address:
Owner:	Pervious owner:

Please specifically describe what records you are requesting.

***Please allow 5 business days for a response to your request. RCW 42.56.520 ***

I agree to pay all copy charges pursuant to Mason County's fee schedule. RCW 42.56-120

I certify the information obtained through this request will not be used for commercial purposes. RCW 42.56-070(9)

Requestors Signature: _____ **Date:** _____

Official Use Only

Five-day notice sent Date: _____

Completion date _____

Completed by _____ *Ext.:* _____

Fee's due \$ _____

Records were Mailed _____ *Faxed* _____ *Viewed* _____ *Picked up* _____

Notes _____

