



PUBLIC RECORDS REQUEST FORM

Date Stamp: _____

Received By: _____

Name	Phone
Address	Fax
City, State, Zip	Email

Record(s) requested: Please describe a specific identifiable record. Include document name, number or date if known.

I would like to inspect the record(s) at no charge

I would like a copy of the record(s): Mailed Faxed Emailed (if available in electronic format) Picked up

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)

Requestor Signature _____ **Date** _____

OFFICIAL USE ONLY

- No responsive record was located.
- The record is exempt from disclosure pursuant to RCW _____ (attach exemption log)
- Portions of the record are exempt from disclosure and have been redacted pursuant to RCW _____
- Request forwarded to _____
- 5 day response Date _____
- Number of pages _____ Fees Due \$ _____ Payment received

Completed By: _____ **Date:** _____

Records were: Mailed Faxed Emailed Picked up