

PUBLIC RECORD INSPECTION/COPY REQUEST FORM | FORM 1

Request Received: Date _____ Time: _____ Department _____

in person letter fax email other _____

Requester:

Name: _____

Address/City/State/Zip: _____

Phone: (____)-____-____ Cell: (____)-____-____ Fax: (____)-____-____ Email _____

Description of Record(s) Requested: (be as specific as possible; name, location, date, etc. Please attach additional sheet if necessary.) NOTE: disclosure/release of records related to road safety does not imply waiver by the County of rights provided by 23 USC 409, or 46.52.080 RCW, or other law.)

Does requested record contain a list of individuals? No Yes . If answer is "yes," Requester must complete and submit affidavit Form #2 before access to record requested can be allowed. (Attach completed FORM 2 to request).