

JAY INSLEE
Governor



STATE OF WASHINGTON
OFFICE OF THE GOVERNOR

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REQUEST FOR PUBLIC RECORDS

DATE OF REQUEST _____

REQUESTER'S NAME _____ PHONE NUMBER _____

ADDRESS _____

Description of Records: _____

_____ I want to inspect the public records.

_____ I want copies of the public records. I prefer to receive them in the following format
(describe): _____

I certify that the information obtained through this request for public records will not be used for commercial purposes. I understand charges may apply to records provided in response to my request and I confirm that I will pay for those charges.

Signature