

## LIHD PUBLIC RECORDS REQUEST FORM

**Requester's Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Describe the records you are requesting and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates. Attach additional pages if necessary.

\_\_\_\_\_

After requested records are retrieved, I would like to:

- Inspect the records
  Receive hard copies via **mail** or **pickup**  
(circle one)
- Receive electronic copies via **email** or  
 other (specify: \_\_\_\_\_)

I am willing to pay up to \$\_\_\_\_\_ for copies.

*If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes.*

\_\_\_\_\_  
Signature and Date

	Date	Initials	Notes	FOR USE BY PUBLIC RECORDS OFFICER
Date Received	_____	_____	_____	
Five-Day Notice Sent	_____	_____	_____	
First Installment	_____	_____	_____	
Completing Request	_____	_____	_____	
Other Installments	_____	_____	_____	
Response Completed	_____	_____	_____	

If exemptions are claimed, complete **Exemption Log**.