



REQUEST FOR PUBLIC RECORDS

NAME OF REQUESTER: _____

ADDRESS: _____

CITY: _____ STATE ____ ZIP _____

PHONE: _____ DATE OF REQUEST: _____ TIME: _____

NATURE OF REQUEST:

1. Identification of records*: _____

2. Inspection only _____

3. Number of copies requested _____

I declare under penalty of perjury under the laws of the State of Washington that I do not intend to use any list of individuals that may be covered by this request for commercial purposes.

Signature _____

*If the identified records include medical records of a District patient, you must also attach a patient authorization form. If you do not have the patient's consent, the records will be redacted unless you identify the legal basis under which patient consent is not required.

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For Office Use Only: Date _____ Time _____

(1) Request Granted _____ Record Withheld _____ Record Redacted _____

(2) If consent is needed, name of individual: _____

(3) If withheld or redacted, identify the exemption contained in chapter 42.56 RCW or other applicable statute that authorizes the withholding of the record or part of record:

(4) If withheld or redacted, explain how the exemption applies to the record withheld:

Signature _____