**PUBLIC RECORDS REQUEST**

A public records request is a request for a specific and identifiable document. Please clearly describe the actual document(s) you are requesting. Documents responsive to a public records request will not be provided until all applicable disclosure fees are paid.

 Date of request:

 Name:

 Address:

[ ]  I request to inspect my central file.

[ ]  This request has previously been submitted or is currently with the Department.

 Date of original request:

 Original request submitted to:

 Name:

 Address:

[ ]  I request copies of the following public records. Include name and DOC number if requesting records for a current/former individual under the Department’s jurisdiction.



Requester signature DOC number (if applicable)

**Requests** **by incarcerated individuals to inspect their central file must be submitted to the facility/local Records Unit. Submit all other requests to the Public Records Unit at P.O. Box 41118, Olympia, WA 98504.**

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| --- |
| **DEPARTMENT EMPLOYEE** |

Person receiving request:       Date:

Responding Public Records Coordinator/designee:       Date:

Response sent:       Date:

Further response(s):       Date:

      Date:

      Date:

      Date:

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

Distribution: **ORIGINAL** - Public Records Request file