PUBLIC RECORDS DISCLOSURE REQUEST FORM

Name: _______________________________________  Date: ________________________

Mailing Address: ___________________________________________________________________
Street    City   State  Zip

Phone: _______________________________ E-mail: ______________________________________

Description of Records Requested: Please provide as much information as possible to assist us
in identifying the records you are requesting. Include subject, titles, dates and other possible
names used. Pursuant to RCW 42.56.070(1) please note that some records may be exempt from
disclosure.

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I hereby declare under penalty of perjury under the laws of the state of Washington, RCW
42.56.070(9), that should my request contain a list of individuals, the information obtained
through this request will not be used for commercial purposes.

Signature:__________________________________________

THIS SPACE FOR COMMUNITY ROOTS HOUSING USE ONLY:

Date Received:                      Response Date:                      PDR ID#:

Public Disclosure Officer Initial:                      Date Closed: