



COMMUNITY ROOTS
HOUSING

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.*

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:	