PUBLIC RECORD INSPECTION/COPY REQUEST FORM | FORM 1

Request Received: Date_________________ Time: __________ Department________________________

☐ in person  ☐ letter  ☐ fax  ☐ email  ☐ other ______________________________

Requester:

Name: ________________________________________________________________

Address/City/State/Zip: __________________________________________________

Phone: (___)-____-______ Cell: (___)-____-______ Fax: (___)-____-______ Email________

Description of Record(s) Requested: (be as specific as possible; name, location, date, etc. Please attach additional sheet if necessary.) NOTE: disclosure/release of records related to road safety does not imply waiver by the County of rights provided by 23 USC 409, or 46.52.080 RCW, or other law.)

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Does requested record contain a list of individuals?  No ☐  Yes ☐. If answer is “yes,” Requester must complete and submit affidavit Form #2 before access to record requested can be allowed. (Attach completed FORM 2 to request).