

## 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).