

Snohomish County Superior Court

Administrative Records Disclosure (GR 31.1)

Form 1

ADMINISTRATIVE RECORD INSPECTION/COPY REQUEST AND RECEIPT

Request Received: Date _____ Time _____ Department _____

In Person Phone Letter Fax email _____

Requester:

Name _____

Address _____

Phone _____ Fax _____ E-mail _____

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.)

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).

Form 2 received: Date _____ Time _____

Approval For Release Of Record: (Public Records Officer or Public Records Specialist)

Signature: _____ Date _____

Public Records Officer / Public Records Specialist

Printed name: _____ Phone: _____ Dept: _____

Record Provided to Requester: Date _____ Time _____

Copy Order and Receipt:	Copy	Other
Total Number of pages copied:	_____	_____
Price per copy:	\$ _____	\$ _____
Copy Fee: (multiply lines 3 & 4)	\$ _____	\$ _____
Additional charges: (postage, container, etc.)	\$ _____	\$ _____
Total charges (Paid: date/time)	\$ _____	\$ _____