

# Human Services Department

## REQUEST FOR PUBLIC RECORDS

Today's Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ [CITY] \_\_\_\_\_ [STATE] \_\_\_\_\_ [ZIP CODE]

Phone number where I can be reached during day: \_\_\_\_\_  
[AREA CODE] [PHONE]

Identification or description of records (include date, as best known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upon locating documents I request:

- |   |   |
|---|---|
| <input type="checkbox"/> Inspection Only                      | <input type="checkbox"/> Printed records only         |
| <input type="checkbox"/> Copy All                             | <input type="checkbox"/> Electronic records only      |
| <input type="checkbox"/> Inspection, then copy selected pages | <input type="checkbox"/> Print and electronic records |

Date desired: \_\_\_\_\_

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes. I understand that the county does not warrant the accuracy or completeness of data provided electronically.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
[SIGNATURE]

FOR COUNTY USE

DATE

INITIALS

DATE RECEIVED:

\_\_\_\_\_

FIVE-DAY NOTICE SENT:

\_\_\_\_\_

REQUEST SATISFIED:

\_\_\_\_\_

EXEMPTION STATEMENT PROVIDED:

\_\_\_\_\_

Public Records Contact: Jaime Montoya  
105 NW 1<sup>st</sup> St./ PO Box 5000  
Coupeville, WA 98239  
Office phone: (360) 678-7970

Office hours: 8:00 a.m. to 4:30 p.m. Monday - Friday

Public records are available upon written request for inspection and disclosure. Requests for inspection and disclosure of public records should identify the particular record desired with enough specificity so it can be located.

Records that are part of a larger set may be made available on a partial or installment basis as records are assembled or made ready.

Cost per page copied:	\$ .15 (No fee is charged for the inspection of public records).
Cost per page scanned:	\$ .10
Cost per 4 electronic files	\$ .05

A deposit may be required in an amount not exceeding 10% of the estimated cost of providing copies for a request. If a request for copies is made available on a partial or installment basis, a charge may be made for each part of the request as it is provided.