



JEFFERSON COUNTY

Request for Access to Public Records

Name: _____

Street Address: _____

Mailing Address: _____ Phone Number: _____

Records Requested 

Please describe the SPECIFIC records you are requesting and any additional information that will help us locate said records (dates, names, etc.) RCW 42.17.320 requires that action on a request for public records must be taken within five (5) business days.

Empty box for describing records requested.

I understand that Washington State law (RCW 42.17.260(9)) prohibits the use of lists of individuals for commercial purposes and I hereby swear and affirm on oath and under penalty of law, that I will not use the information obtained from this request for commercial purposes and that I will protect and hold harmless, including the costs of defending, the agency and its agents and employees from which I have obtained said records, from any and all claims arising either directly or indirectly from the commercial use of said records.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Dept. Sent to: _____

Date Received: _____

Respond By: (5 business days from receipt)

Not to be taken by requester

Request Approved and Fulfilled
Date: _____

Evaluation Necessary. Estimate _____ days for final response. Notified requester by mail.

Request Denied. IMMEDIATELY forward form to Prosecuting Attorney for review
Date Sent: _____

Record Partially withheld

Reason Denial and/or Withholding Part of Record: _____

Not to be taken by requester

APPROVAL

DENIAL Department to notify requester by mail of reasons for denial. Forward copy of request form and written denial to County Administrator's Office.

Comment: _____

Date: _____ Signature: _____