

Public Records Request

WHO IS REQUESTING THE RECORDS?			
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF REQUEST
WHERE SHOULD WE SEND THE REQUEST?			
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	EMAIL ADDRESS	
FOR A SPEEDIER DELIVERY AND TO CUT COSTS, MAY WE SEND RECORDS AND ALL CORRESPONDENCE BY EMAIL?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
WHAT ARE YOU REQUESTING? PLEASE BE AS SPECIFIC AS POSSIBLE.			
PLEASE NOTE:			
<ul style="list-style-type: none"> • DEL may charge 15 cents per page for all paper records if the total cost of the request is \$10 or more pursuant to RCW 42.56.120. • By submitting this form, requester certifies the records or information obtained will not be used for any commercial purpose pursuant to RCW 42.56.070(9). • Please provide accurate contact information so we can provide the record you requested in a timely manner. <p>DEL will make reasonable attempts to contact requestors with the contact information provided.</p>			

Notice to those receiving information: Pursuant to RCW 42.56.520, agencies must promptly respond to requests. Within five business days of receiving the request, the agency must either provide the record, acknowledge the request and give a reasonable estimate of time for the request being filled, or deny the request in whole or in part.