



Public Records Request Form

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| Date of Request: | <i>For Internal Office Use Only:</i> Log # |
| Requester's Name: | Phone: |
| Mailing Address (Street/PO Box, City, State, Zip): | E-Mail Address: |
| <p>I would prefer to receive the records in the following format: (pick one)</p> <p><input type="checkbox"/> Electronically (Check one: email <input type="checkbox"/> or CD <input type="checkbox"/>)</p> <p><input type="checkbox"/> Paper copy (Check one: US mail <input type="checkbox"/> or in person pick up <input type="checkbox"/>)</p> <p><input type="checkbox"/> Review in person</p> <p>Please note that some records may not be available in the format requested.</p> | |
| <p>Describe the public records you are requesting. You must provide specific details of what you need.</p> | |

I certify that any list of individuals obtained through this public records request will not be used for commercial purposes, pursuant to RCW 42.56.070(9).

Requester's Signature: _____ Date: _____

Send form to: Public Records Officer
Office of Administrative Hearings
PO Box 42488, Olympia, WA 98504-2488
PublicRecords@oah.wa.gov

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| Date Received: | Date Billing Letter Sent: |
| Date Response Letter Sent: | Total Amount Due: |
| Total Number of Pages: or Total CDs: | Date Amount Received: |