



# Public Records Request Form

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:
<b>Select the type of records you are requesting:</b> My own case file(s)      Case file(s) that are not mine      Reports/Statistics      Other	
<b>Select the preferred format of the records: (pick only one)</b> Email      CD      Paper copy by mail      Paper copy pick up      Inspect <i>*Please note that some records may not be available in the format requested.</i>	
<b>Describe the public records you are requesting.</b> Be as specific as possible. If known, please include: - Docket number      - Document name      - Any other important details that can help us find the records you are asking for - Case name      - Time period	

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(8).

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

---

**For Internal Office Use Only:**

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