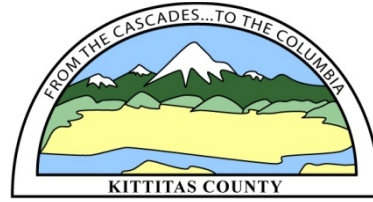


Kittitas County

Request for Public Records



Date:	Name of person making request:
Address:	City: State: Zip Code:
Phone Number: Email:	I wish to: <input type="checkbox"/> Inspect records <input type="checkbox"/> Receive a copy of records
Request made: <input type="checkbox"/> in Person <input type="checkbox"/> by phone <input type="checkbox"/> by fax <input type="checkbox"/> by email <input type="checkbox"/> by mail	

To assist us in answering your request accurately and promptly, please identify the records you wish to inspect by referring to a title, name, date of incident, identification number and/or description. If copies are needed, please indicate which file(s) you would like copied. There is a \$.15 per page copy fee for 8.5 x 14 or smaller black and white copies.

(Signature)

Please fill in and sign your name below if applicable:

I, _____ affirm under penalty of perjury that my request is not for commercial purposes. This is only required if the request includes a list of individuals. I understand the use of public records containing lists of individuals for a **commercial purpose violates** Washington State law and the privacy of the individuals. “*Commercial purposes*” means contacting or affecting such individuals to facilitate, in any manner, for a profit-making activity. A request for a list of individuals where this is not signed will be denied as per RCW 42.56.070(9).

(Signature)

For County Department/Office use only:

County Department/Office:	Received By:
Date action taken:	Name of person taking the action:
Special Circumstances:	