

Kittitas County

REQUEST FOR PUBLIC RECORDS

Dates	
Date: 12 18 13	Name of person making request: MOYCUC SHVCDS
Address: TI carbide C+	City: State: Zip Code:
	CICElum WA 989ZZ
Phone Number: 509 · 260 · 0058	I wish to:
Email: Marcle inlandnet.com	Inspect X Receive a copy of the following records
County Department/Office:	Received By:
Request made:	
in Person by phone by fax	by email 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. The number: P. OT. 23 for Thunder Ridge. Plat Requesting Public Proofs file in form of a CD, complete electronic copy included	
Please fill in and sign your name below if applicable:	
I, MATCH SHULD 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:	
Date action taken:	Name of person taking the action:
Special Circumstances:	
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