

# San Juan County Request for Public Records

Today's Date \_\_\_\_\_ Form Completed by: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ [CITY] \_\_\_\_\_ [STATE] \_\_\_\_\_ [ZIP CODE]

Phone number where Requester can be reached during day: \_\_\_\_\_  
[AREA CODE] [PHONE]

Description of records (Please be as specific as possible. If known, include author, recipient, title, date or date range, etc. Attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Departments and Elected Officials subject to this request (Please be specific):

\_\_\_\_\_

Upon locating documents I request:

- Inspection Only  Copy All  
 Inspection, then copy selected pages

Date desired: \_\_\_\_\_ [Most requests are filled within five business days]

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes. I understand that the county does not warrant the accuracy or completeness of data provided electronically.

Date: \_\_\_\_\_

Place: \_\_\_\_\_ [SIGNATURE]

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FOR USE BY PUBLIC RECORDS OFFICER

DATE

INITIALS

DATE RECEIVED:

\_\_\_\_\_

\_\_\_\_\_

FIVE-DAY NOTICE SENT:

\_\_\_\_\_

\_\_\_\_\_

REQUEST SATISFIED:

\_\_\_\_\_

\_\_\_\_\_

EXEMPTION STATEMENT PROVIDED:

\_\_\_\_\_

\_\_\_\_\_

