



PUBLIC RECORDS REQUEST FORM

Please complete the form below to make a request to Inspect or Request Copies of Public Records. Mail or deliver the form in person to SCOG's Public Records Officer at the address above.

All required* fields must be completed.

Today's Date*: _____

Full Name*: _____ Mailing Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Telephone Number*: _____ Email Address*: _____

Records Requested* Please provide a detailed description of an identifiable public record(s). The more specific the request, the more quickly we can process and deliver responsive records.

Action Requested*

Email

Electronic copies emailed to the email address above; if available electronically.

Records not available electronically will be mailed on paper at the rates below.

Paper Copies

Mailed to the address above; cost is (15) cents per page plus postage. A deposit may be required.

Please indicate in the message below if you prefer to pick up the copies in person. Copying charges apply.

Inspection

Inspect the records requested in person during normal business hours at no charge. At the time of inspection you may request paper copies of documents you select; cost is (15) cents per page.

Message

Commercial Use

By submitting this form, pursuant to RCW 42.56.070(9), I certify that I will not use any lists of individuals that I receive in response to this request for commercial purposes.