

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*:
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*

Please see SCOG's Fee Schedule for charges which may apply.

Email

Electronic copies emailed to the email address above; if available electronically. Charges at the rates listed in SCOG's Fee Schedule apply and a deposit may be required. Records not available electronically will be provided on paper at the rates listed in SCOG's Fee Schedule.

Paper Copies

Mailed to the address above. Charges at the rates listed in SCOG's Fee Schedule apply and a deposit may be required.

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

Inspection

Inspect the records requested in person during normal business hours at no charge. At the time of inspection you may request copies of the documents you select at the rates listed in SCOG's Fee Schedule.

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.