

Kitsap County
 614 Division Street
 Port Orchard WA 98366

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Instructions: 1. Complete Section A 2. Return to the appropriate Kitsap County Department.

Section A-Requestor/Records Request Information

Requestor Name	Phone Number	Email
Mailing Address	City	State Zip Code

This is a request to: **Inspect and/or** **Copy the records described below:**

(Please describe in the space below the records you are requesting and any additional information that will assist us in quickly locating them.)

Title of Record(s):	Description:	Date(s) of record(s):
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If the record(s) concern individual(s) other than the requestor, please state name(s):	Special handling: <input type="checkbox"/> Please mail copies. (Payment due in advance.) <input type="checkbox"/> Please hold for pick-up. <input type="checkbox"/> Please remit electronically, if possible.
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Signature of Requestor	Request was made: <input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> By Mail <input type="checkbox"/> By Email
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I certify that the photocopies of the records received as listed above will not be used for commercial purposes. I agree to pay a reasonable standard charge of .15 per copy plus the cost of mailing.

 Signature

 Date

Section B-Kitsap County Response

- Approved**
- Denied**-It has been determined that the records requested are exempt under RCW 42.17.310 for the following reason(s):
- Unavailable**-The requested records are not available for the following reason(s):

Section C-Department Use Only

Date Requestor Notified	Responding Employee	Department
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