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| C:\Users\dllordier\Desktop\doc-logo-black.png |  | **REQUEST FOR DISCLOSURE OF RECORDS** |

A public disclosure request is the request for a specific and identifiable document. Please clearly describe the actual document you require. Documents responsive to a public disclosure request will not be mailed until all applicable disclosure fees are paid.

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| Date of Request: |  |
| Name: |  |
| Address: |  |

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|  | I request to inspect my central file. | | | |
|  | This request has been previously submitted or is currently with the Department. | | | |
| Date of Original Request: |  | |
| Original Request Submitted To: (Name/Address) | |  | |
|  | I request copies of the following public records. If requesting offender records, include offender name and DOC number. | | | |
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| Requester Signature |  | Date |

**Please submit this request to the Public Records Office at P.O. Box 41118, Olympia, WA 98504**

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| DOC STAFF - FILL OUT BELOW | | | | | | | |
| Person Receiving Request: | | |  | | Date: |  |  |
| PDC (or designated person responding to request): | | | |  | Date: |  |  |
| Response Sent: |  | | | | Date: |  |  |
| Further Response(s) | |  | | | Date: |  |  |
|  | |  | | | Date: |  |  |
|  | |  | | | Date: |  |  |
|  | |  | | | Date: |  |  |
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