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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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