

# MLIRD

## Request for Access to Public Records

(Please Print Legibly)

Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax # (optional): \_\_\_\_\_ E-Mail Address (optional): \_\_\_\_\_

Please describe the specific, identifiable public records you are requesting, including any additional information that will help us locate said records pursuant to RCW 42.56. We will be able to process your request faster if you clearly identify the records you are requesting. The Revised Code of Washington states that records must be made available in a reasonable length of time. Depending on the complexity of the request, MLIRD will endeavor to fill requests within 1-5 business days.

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Upon MLIRD's retrieval of any responsive, non-exempt records, your preference is (check one):

Inspection Only\*

Photocopies

*Pursuant to RCW 42.56 which provides for publishing charges and reasonable costs for use of staff time and equipment to make copies. If you wish MLIRD to make photocopies for you and/or mail copies to you there will be a charge for black copies of \$.15 per copy. Postage and mailing container costs will be applied. Pre-payment may be required at the discretion of MLIRD.*

**I understand that Washington State Law (RCW 42.56.070) (9) prohibits my use of lists of individuals for commercial purposes and I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use lists obtained from this request for commercial purposes. I further acknowledge that I am solely responsible for any consequences or damages arising from any failure on my part to adhere to the above-referenced RCW.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUBMIT COMPLETED FORM TO:** MLIRD, P.O. Box 98, Moses Lake WA 98837

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**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Inspection Appt. Time: \_\_\_\_\_

Photocopies Provided:     Yes             No

All costs to fulfill this request:    \$\_\_\_\_\_

Request Denied:             Yes             No            Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Completed: \_\_\_\_\_

By: \_\_\_\_\_