Kitsap County 614 Division Street Port Orchard, Washington 98366

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Instructions: 1. Complete Section A of following form. 2. Return completed form to the appropriate Kitsap County Department.				
Section A - Requestor/Records Request Information				
Requestor Name		Phone Number	r	Today's Date
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 in quickly locating them.)				
Title of Record(s):	Description:			Date(s) of Record(s):
If record(s) concern individual(s) other than requestor, please state names(s):		Special Handling: □ Please mail copies. (Payment is required before copying		
		or mailing)		
Signature of Requestor		☐ Please hold for pick-up. Request was Made		
·		□ In person	☐ By Phone	☐ By Mail (Attach Request)
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 cost of mailing.				
Signature	Date		E-Mail Address	
Section C - Department Use Only				
Department	Signature			Date

Pursuant to RCW 42.56, with limited exception, Kitsap County and all of its departments and offices are required to disclose all identifiable "public records" that are related to the conduct of the County when such records are requested by any person.