



Washington State

Human Rights Commission

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Please read through and complete this entire form to ensure that your request can be processed without delays.

TODAY'S DATE:

Your Information

*At least one method of contact is required to process your request.

NAME:

PHONE #:

EMAIL:

ADDRESS:

Your Request

Your request must be for a specific, identifiable record or series of records as defined by the Washington State Public Records Act (RCW 42.56). Please include all information that could help fulfill this request, including specific details about the record(s) you are requesting (e.g., key terms, titles, names, subjects, or document categories). Limiting your request may speed up processing time and reduce any associated fees (charged in accordance with WAC 162-04-037).

*REQUEST DESCRIPTION:

CASE NAME(S):

CASE NUMBER(S):

DATE RANGE:

*How would you like to receive the above records? (select one)

EMAIL DIGITAL COPIES

MAIL HARD COPIES

ONSIGHT INSPECTION (Olympia, WA)

OTHER (please specify):

* = Denotes a required field

Please send your completed form to: records@hum.wa.gov

– or –

PO Box 42490, Olympia, WA 98504-2490