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	Today's Date

Street 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) ☐ Please hold for pick-up.
Signature of Requestor	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) _____

Section B – Kitsap County Response

1. ☐ **Approved**

2. ☐ **Denied** - It has been determined that the records requested are exempt under RCW 42.17.310 for the following reasons:

3. ☐ **The requested records are not available for the following reasons:**

Section C - Department Use Only

Date Requestor Notified	Responding Employee	Department

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