

**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
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.)

<b>Title of Record(s):</b>	<b>Description:</b>	<b>Date(s) of Record(s):</b>

If record(s) concern individual(s) other than requestor, please state names(s):	<b>Special Handling:</b> <input type="checkbox"/> Please mail copies. (Payment is required before copying or mailing) <input type="checkbox"/> Please hold for pick-up.
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Signature of Requestor	<b>Request was Made</b> <input type="checkbox"/> In person <input type="checkbox"/> By Phone <input type="checkbox"/> By Mail (Attach Request)
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***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
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**Section C - Department Use Only**

Department	Signature	Date