

REQUEST FOR PUBLIC RECORDS

(Pursuant to CBC'S Chapter 132S-010 WAC)

REQUESTER INFORMATION	
Name:	Company or Agency (if applicable):
Address (Street/PO Box, City, State, Zip Code):	Phone:
Email:	Fax:
Signature:	Date:

Individual named above seeks to:

- ☐ 1. Inspect and/or
- ☐ 2. Receive copy of public record of:

Identified as:

- ☐ 3. Is the inspection or copying of any requested public record(s) for commercial purposes? Yes ____ No ____
- If yes, indicate the record:

The public records officer shall be responsible for implementing the College's rules and regulations and regarding release of public records coordinating the staff of the College in this regard, and generally ensuring the compliance with the public record laws under Chapter 42.56 RCW and as hereinafter amended.

CBC PUBLIC RECORDS OFFICER OR DESIGNEE	
Request Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Copies Emailed/Mailed:
Signature:	Date: