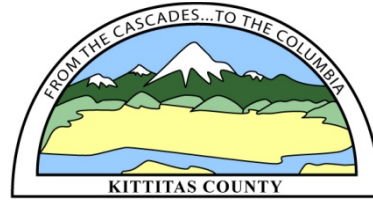


# Kittitas County

## Request for Public Records



Date:	Name of person making request:				
Address:	City:			State:	Zip:
Phone:	Email:				
I wish to:	Inspect records	Receive a copy of records			
Delivery Method:	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> In Person <input type="checkbox"/> Other _____
Request made:	<input type="checkbox"/> in Person	<input type="checkbox"/> by phone	<input type="checkbox"/> by fax	<input type="checkbox"/> by email	<input type="checkbox"/> by mail

To assist us in answering your request accurately and promptly, please identify the records you wish to inspect by referring to a title, name, date of incident, identification number and/or description. If copies are needed, please indicate which file(s) you would like copied. A fee may be charged for copies that is based upon the delivery format requested. Please refer to the Fee Schedule outlined in [Kittitas County Code, Chapter 2.55](#)

\_\_\_\_\_  
(Signature)

**Please fill in and sign your name below if applicable:**

I, \_\_\_\_\_ affirm under penalty of perjury that my request is not for commercial purposes. This is only required if the request includes a list of individuals. I understand the use of public records containing lists of individuals for a **commercial purpose violates** Washington State law and the privacy of the individuals. “*Commercial purposes*” means contacting or affecting such individuals to facilitate, in any manner, for a profit-making activity. A request for a list of individuals where this is not signed will be denied as per RCW 42.56.070(9).

\_\_\_\_\_  
(Signature)

*For County Department/Office use only:*

County Department/Office:	Received By:
Date action taken:	Name of person taking the action:
Special Circumstances:	