



PENINSULA HOUSING AUTHORITY
2603 South Francis Street, Port Angeles, WA 98362
Phone (360) 452-7631 • Fax (360) 457-7001
Email: info@peninsulapha.org

REQUEST TO INSPECT OR COPY PUBLIC RECORDS

THIS FORM WILL BE USED TO EXPEDITE REQUESTS AND INSURE COMPLIANCE WITH WASHINGTON STATE PUBLIC DISCLOSURE LAWS

REQUESTOR (please print)

Name Date

Address City Zip Code Telephone No.

DESCRIBE WITH SPECIFICITY THE RECORDS OR INFORMATION REQUESTED

- 1. _____
- 2. _____
- 3. _____

I, the undersigned, do declare under penalty of perjury under the laws of the State of Washington that: I understand the use of public documents containing lists of individuals for *commercial purposes 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. Therefore, I agree not to use the information requested, nor allow others to use it, for such purposes.

REQUESTOR'S SIGNATURE PLACE OF SIGNATURE

RECEIVED BY:

PRINT NAME SIGNATURE DATE

RESPONSE (response MUST be made within 5 working days of request)

Response No.: _____ Date: _____ Respondee: _____

- Information available on: _____ at _____
- Copies available upon payment of copy fee totaling \$ _____
- Request has been forwarded to the _____ office to the attention of _____
- Request denied. Record or information exempt from Public Disclosure pursuant to RCW 42.17.310(4) because: _____
- Unable to process request as described. Please clarify request by being more specific for information desired. _____
- Note attached memo _____

Request file closed: Date: _____ Responder's Name: _____

Outcome: _____

INSTRUCTIONS:



EQUAL HOUSING OPPORTUNITY

BARRIER FREE

- ✓ Give requestor a copy of this form after top portion is completed and again when each response is made.
- ✓ Retain original request in department file for at least 12 months.