



RECORDS REQUEST AND/OR PUBLIC DISCLOSURE REQUEST

2430 Chandler Ct SW PO Box 42401
 Olympia WA 98504-2401
 Phone: (360)753-6823
 Fax (360)586-5611 or (855)586-5611
 Hours of Operation: Mon-Fri 8-5

Public Records Officer: William Chase

RecordsOfficer@biia.wa.gov

Name of Requester: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

RECORDS REQUESTED

Name on Appeal: _____ **Docket No(s):** _____

<input type="checkbox"/>	Proposed Decision and Order	<input type="checkbox"/>	Exhibits	<input type="checkbox"/>	Transcripts
<input type="checkbox"/>	Final Board Order	<input type="checkbox"/>	Depositions	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

I certify that any list of individuals obtained through this request for records will not be used for commercial purposes, pursuant to RCW 42.56.070. I understand that the agency has five (5) business days after receiving a public records request to respond.

Signature: _____ Date: _____

For Internal Office Use Only

Date Received: ___/___/___
 Received By: _____
 Total number of pages: _____
 Total amount due (\$.15/page): _____

Date Response Letter Sent: ___/___/___
 Processed By: _____
 Third Party Request: Yes ___ No ___
 Date Billing Letter Sent: ___/___/___