



Public Disclosure Unit  
King County Courthouse W-150  
516 3rd Avenue, Seattle, WA 98104  
Tel: (206) 263-2103 Fax: (206) 259-2823

Case Number

Name of requestor / Agency or Firm:

Phone Number:

Address (Street, City, State & Zip Code)

E-Mail Address:

Designate desired way to receive requested documents:

☐ Email ☐ Mail ☐ Pick-up at King County Courthouse Records Unit Window ☐ Online

Description of Record(s) Requested

(Be specific and include: incident type, names of parties, date/time of incident, location of incident, type of incident, etc.)

REQUESTOR READ & SIGN:

✓ I understand that by state regulation - RCW 42.56.520 - you have five (5) business days from the date my request is received in your office to respond to my request. This may or may not include the delivery of my requested information.

Signature of Requestor: \_\_\_\_\_

☐ Statement relayed over the phone in lieu of signature

**FOR OFFICE USE ONLY**

Request Rec'd By (initials/ID): \_\_\_\_\_

Request Received:

☐ In Person ☐ Phone ☐ Other

Date of Request: \_\_\_\_\_