



Records Unit
King County Courthouse W-150
516 3rd Avenue, Seattle, WA 98104
Tel: 206-263-2626 Fax: 206-205-8286

Case Number

Name of requestor / Agency of 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 ☐ INSPECTION Only!

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 - the agency has 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, or when the records are available to inspect.
- ✓ I understand that the fee for paper copies is \$.15 per page for any document over 9 pages. If a document is 9 pages or less, it will be available free of charge. Actual costs may incur for duplicating audiotapes, videotapes, photographs, and CDs, according to state law (RCW 42.56.070 (7) and (8) and RCW 42.56.120).

Requestor Signature _____

Date _____

☐ Statement relayed over the phone in lieu of signature

FOR OFFICE USE ONLY

Request Rec'd By (initials/ID): _____

Request Received:

☐ In Person ☐ Mail ☐ Fax

Date of Request: _____

☐ E-Mail ☐ Phone ☐ Other

Date Disclosed: _____

Method of Disclosure:

☐ E-Mail ☐ Mail ☐ Fax ☐ In Person

Disclosed by (initials/ID): _____

☐ Number of Pages _____ ☐ See Attached