

**Office of Civil Legal Aid (OCLA)
Public Records Request**

Date:

Time:

Name:

Phone:

E-Mail Address:

(UPS may be used for shipment. Please provide a mailing address for UPS delivery.)

Address:

City:

State:

Postal Code:

Description of Publication(s) or Document(s):

Will this material be used for commercial purpose?

Yes

No

State law (RCW 42.17.300) authorizes agencies to charge requesters for the actual costs of reproducing documents, or .15 cents per page if actual cost has not been determined, plus packaging and mailing costs. Pursuant to OCLA policy, charges for copying 50 pages or less are waived.

Signature

Typed name will be accepted as signature when document is submitted electronically.

FOR OCLA USE

Date Received:

By:

Request:

Approved:

Denied:

Date Request
Filled:

If Denied,
Reason:

Page Cost: \$

Shipping: \$

Total Charge: \$