

**Office of Civil Legal Aid (OCLA)**  
**Administrative Public Records Request Form**  
Pursuant to GR 31.1

Date:  Time:  a.m. p.m.

**Requestor Information:**

Printed Name:   
Last First MI

Address:   
Street City State Zip Code

Telephone   FAX:

E-mail Address:

Signature:

**Description of Requested Record (s) - Please use additional sheets as necessary.** It is important to be as specific as possible as to name, location, date, and type of record requested.

This is a request to inspect on site the records identified above.

This is a request for copies of the records identified above to be sent to you.

Other:

(1) The Administrative Records Officer will respond within five (5) working days from receipt of this request.

(2) GR 31.1(h) authorizes agencies to charge for the actual cost of reproducing documents, or .15 cents per page if actual cost has not been determined, plus packaging and mailing costs. The charge for copying 50 pages or less is waived.

(3) OCLA encourages electronic submission of requests for public records. If you are able to, please send the records request to our Administrative Records Officer and the general agency e-mail address below:

Name: Hope Hough  
Phone: (360) 701-3974  
Fax: (360) 704-4003

E-mail: [hope.hough@ocla.wa.gov](mailto:hope.hough@ocla.wa.gov) and [ocla@ocla.wa.gov](mailto:ocla@ocla.wa.gov)  
(please send to both e-mails)

Please use this space if additional sheets are needed