		Office of Administrative	•	•	Form	
Date:	r Infori	mation:	Time	: a	a.m. p.m.	1
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Address:						
	Str	reet	City	State	Zip Code	
Telephone				FAX:		
E-mail Add	dress:					
Signature:						
Descriptio	on of R	equested Record (s)	- Please use add	litional sheets as n	necessarv. It is imp	ortant

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:

E-mail: ocla@ocla.wa.gov

Please use this space if additional sheets are needed