

## PUBLIC RECORDS REQUEST

<b>A. REQUEST FOR RECORDS BY:</b>			
NAME LAST	FIRST	MIDDLE	TITLE (IF APPLICABLE)
ORGANIZATION OR BUSINESS NAME (IF APPLICABLE)			
MAILING ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS	
<b>B. DESCRIBE SPECIFIC RECORDS BEING REQUESTED:</b>			
IF REQUESTING RECORDS ON A SPECIFIC INDIVIDUAL OR EMPLOYER THEN PROVIDE <u>NAME OF SUBJECT</u>			
IF REQUESTING RECORDS ON A SPECIFIC INDIVIDUAL OR EMPLOYER THEN PROVIDE <u>IDENTIFYING NUMBER</u> (i.e. SSN, UBI, etc)			
DESCRIBE RECORDS BEING REQUESTED:			
<b>C. NOTIFICATION OF CHARGES FOR RECORDS:</b>			
<input type="checkbox"/> Notify me of any cost for records that exceeds \$ _____ before providing the requested records.			
<b>D. SIGN REQUEST FOR RECORDS</b>			
Records on an individual or employer are considered private and confidential under Chapter 50.13 RCW. With few exceptions, non-governmental requestors may <b>not</b> access such information without a signed release or a subpoena in compliance with RCW 50.13.070. I declare under the penalty of perjury under the laws of the State of Washington that I will <b>not</b> use the requested records for commercial purposes.			
SIGNATURE:		DATE REQUESTED:	
X			

<b>REQUEST FOR RECORDS MAY BE SENT TO:</b>
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Employment Security Department	Fax 1-866-610-9225
Attn: Records Disclosure Unit	Phone 1-844-766-8930
P.O. Box 9046	
Olympia WA 98507-9046	

**For Department use only:**

DATE REQUEST RECEIVED	SECTION/OFFICE	NAME OF ESD EMPLOYEE
ACTION TAKEN ON REQUEST		