

PUBLIC RECORDS REQUEST

A. REQUEST FOR RECORDS BY:			
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. DESCRIBE SPECIFIC RECORDS BEING REQUESTED:			
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:			
C. NOTIFICATION OF CHARGES FOR RECORDS:			
<input type="checkbox"/> Notify me of any cost for records that exceeds \$ _____ before providing the requested records.			
D. SIGN REQUEST FOR RECORDS			
Records on an individual or employer are considered private and confidential under Chapter 50.13 RCW. With few exceptions, non-governmental requestors may not 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 not use the requested records for commercial purposes.			
SIGNATURE:		DATE REQUESTED:	
X			
REQUEST FOR RECORDS MAY BE SENT TO:			
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			