

PUBLIC RECORDS REQUEST FORM

<u>Do not</u> use this form to submit a request for Unemployment Insurance or Paid Family Leave/Leave and Care Records.

If this request involves private and confidential Unemployment Insurance Program Records or Leave and Care Program records on an individual or employer, please submit the appropriate form that can be found on the external ESD page under forms: https://www.esd.wa.gov/newsroom/public-records. Using the correct form ensures that we have adequate information to timely process your request.

You may fill in and email, mail or fax this form to the addresses listed below.

A. REQUEST FOR RECORDS BY:							
NAME	-		FIRST	MIDD	LE	TITLE (IF APPLIC	CABLE)
ORGANIZATION OR BUSINESS NAME (IF APPLICABLE)							
MAILIN	G ADDRES	SS		CITY		STATE	ZIP CODE
TELEPH	HONE NUM	MBER (INCLUDE AREA CODE)	FA	X NUMBER (INCLUI	DE AREA CODE)	E-MAIL ADDRESS	
B. DESCRIBE SPECIFIC RECORDS BEING REQUESTED:							
DESCRIBE RECORDS BEING REQUESTED							
DESCRIBE TIME FRAME REQUESTED							
C. NOTIFICATION OF CHARGES FOR RECORDS:							
☐ Notify me of any cost for records that exceeds \$ before providing the requested records.							
D. DISCLAIMER AND SIGNATURE							
By sending this form to the Employment Security Department (ESD) I understand my email, this form, and any responses from ESD may be subject to inspection and copying by members of the public under a public records request, unless an							
exemption or other protection in law exists.							
Please keep this in mind when providing ESD with personal information such as Social Security information, credit and							
bank account numbers, other financial information, or medical information.							
We strongly urge you to not submit sensitive personal information on these forms online. If you feel that							
sensitive information such as credit card numbers or social security numbers are required to process your request, we urge you to print out our request form and submit it to us by mail or by facsimile.							
SIGNAT		ige you to print out our	i equest ion	i and Submit It I	DATE REQUESTE		
	JIL.				DATE REQUESTE	.	
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 Email <u>recordsdisclosure@esd.wa.gov</u>

Olympia WA 98507-9046

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