



Email: PublicRecordsOfficer@opd.wa.gov

**WASHINGTON STATE
OFFICE OF PUBLIC DEFENSE**

(360) 586-3164
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PUBLIC RECORDS DISCLOSURE REQUEST FORM

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please describe below the record(s) you are requesting and any additional information that will help us locate the record(s) for you as quickly as possible. Failure to provide information sufficient to identify the record(s) may cause delay.

___ I wish to have copies/duplicates of the record(s) indicated above. (Note: The OPD has determined it is not cost effective to charge for copying a total of 50 pages or less, therefore the cost is waived. For copying a total of more than 50 black and white pages contained in one or more documents, there will be a charge of \$.15 per page. Payment must be made by cash, personal check, bank check, or money order. (**circle one**) Please mail the records/I will pick up the records.

___ I wish to make an appointment to review the record(s) indicated above before copies are made. (Note: no fees are charged to inspect record(s).

I certify that any list(s) of individuals obtained through this request for public records will not be used for commercial purposes.

Signature: _____ Date: _____