



**MASON COUNTY PUBLIC RECORDS**  
 411 North 5<sup>th</sup> Street  
 Shelton, WA 98584  
 Phone: (360) 427-9670 or (360) 275-4467  
 Fax: (360) 427-8437

Date Stamp \_\_\_\_\_

Received by: \_\_\_\_\_

**PUBLIC RECORDS REQUEST FORM**

|                         |              |
|-------------------------|--------------|
| <b>Name</b>             | <b>Phone</b> |
| <b>Address</b>          | <b>Fax</b>   |
| <b>City, State, Zip</b> | <b>Email</b> |

**Record(s) requested:** Please describe a specific identifiable record. Include document name, number or date if known.

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I would like to inspect the record(s) at no charge

I would like a copy of the record(s):  Mailed  Faxed  Emailed (if available in electronic format)  Picked up

Please allow 5 business days for a response to your request. RCW 42.56.520

I agree to pay all copy charges pursuant to Mason County's fee schedule. RCW 42.56.120

I certify the information obtained through this request will not be used for commercial purposes. RCW 42.56.070(9)

**Requestor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICIAL USE ONLY**

- No responsive record was located.
- The record is exempt from disclosure pursuant to RCW \_\_\_\_\_ (attach exemption log)
- Portions of the record are exempt from disclosure and have been redacted pursuant to RCW \_\_\_\_\_
- Request forwarded to \_\_\_\_\_
- 5 day response Date \_\_\_\_\_
- Fees Due \$ \_\_\_\_\_ (attach copy of invoice)  Payment received

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Records were:**  Mailed  Faxed  Emailed  Picked up