

# Request for Public Records

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

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Representing: \_\_\_\_\_

Description of Records:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that lists of names obtained through this request for public records will not be used for commercial purposes.

\_\_\_\_\_  
Signature

Number of copies: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

Per page charge: \_\_\_\_\_

Total charge: \_\_\_\_\_

Submit form to:

Rafaela Ortiz

Enduris

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Spokane, WA 99219