

REQUEST FOR PUBLIC RECORDS

Date: _____

Time: _____

Name: _____

Phone Number: _____

Address: _____

Representing: _____

Description of Records: _____

Date request for inspection or copying of records

Date: _____

Time: _____

Access to copier required? Yes____ No____

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:
Alric Balka
Enduris
1610 S. Technology Blvd.
Suite 100
Spokane, WA 99224