Washington State Redistricting Commission

REQUEST FOR PUBLIC RECORD

Please Print Date of Request

Initial Response Request Completed

Date of Request	Name:		Phone Number: ()
	Firm/Organization:		Fax Number: ()
			E-Mail Address:
Address			City/State/Zip:
NAME AND DESCRIPTION OF PUBLIC RECORDS OR INFORMATION REQUESTED			
(Description of the public records you are requesting that is sufficiently specific for Commission staff to identify and locate the records.)			
	YOUR REQUEST TO:	Phone:	360-704-5220
Attn: Public Record	of the Secretary of State Is Officer	Fax:	360-704-7830
PO Box 40224		Email:	publicrecords@sos.wa.gov
Olympia, WA 9850	4-0224		
PLEASE NOTE	≣ :		
There is no charge associated with requests of less than 40 pages of records.			
 If the volume of records exceeds the minimum number of pages, it is the policy of the Commission to receive all costs associated with a public disclosure request prior to providing the documents. 			
 We calculate the actual copying costs based on the following charges and notify you of the total after the 			
reques	ted records are identified.		
Copying Fees: (Pursuant to WAC 417-06-130)			
\$0.15 each \$0.15 each	Letter and legal sized documents	ts At cost At cost	Maps, color copies, computer disks Postage charges for mailing of requested materials
\$0.15 each	Scanning to pdf*	\$5.00 each	Certified copies
*Scanning cha	arges are based on an assumption of st	aff costs at the rate of 3 sca	ns per minute plus copier charges per scanned document.
For Office Use Only	Date	Response Method	Staff