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## REQUEST FOR ACCESS TO PUBLIC RECORDS

The following information is to be filled out by the person requesting records

Date of Request: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*If this is an emergency request, indicate the date desired and please describe the nature of the emergency:*

\_\_\_\_\_

**RECORDS REQUESTED:** (Please state the title and date of the record(s) being requested)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any additional information that will help us locate the records for you as quickly as possible:

\_\_\_\_\_

\_\_\_\_\_

**Requestor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For County Use Only**

Staff person who received the Request: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Total Charge: \_\_\_\_\_

Staff person who provided the records: \_\_\_\_\_

Date: \_\_\_\_\_ Client Name Receiving records: \_\_\_\_\_