

## Request for Public Records

Date:		
Requestor's name:		
Requestor's mailing address:		
Requestor's phone number:	E-mail address:	
FOR ALL REQUESTS: Describe the records you are re	questing in <b>detail, <i>including</i> date range</b> :	
If records are for a site or establishment, please complete the following:		
Name of site/establishment:		
Address:		
Property tax account number(s):		

By submitting this form, pursuant to RCW 42.56.070(9), I certify that I will not use any lists of individuals that I receive in response to this request for commercial purposes.

## Submit by email to PublicRecords@snohd.org.

For questions, call Snohomish Health District's Public Records Officer at 425.339.8641, or FAX to 425.339.5254.

Snohomish Health District will notify you for file review within 5 business days of your request, per RCW 42.56.520. (Files will be held for review no longer than thirty (30) days after you are notified, per WAC 44-14-040(6)(b).)

- Copy charges @ \$.15 per page (plus postage & shipping charges if mailed) must be paid prior to copying.
  Oversize/special copies (i.e. blueprints) will be extra.
- Copies will be mailed or you may pick them up when notified.

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