

**Attachment B
REQUEST FOR PUBLIC RECORDS FORM**

NAME:	DATE:
COMPANY/AGENCY NAME:	EMAIL:
	PHONE:
ADDRESS:	

Please be as specific as possible when requesting records. When possible, please provide a timeline (date/year to date/year), program(s), and clearly spelled names of parties involved. Providing specific information will allow us to process your request more efficiently.

Description of Records:

Please provide this information by: Other ___ Hard copy Electronic Media

Purpose for which information is requested:

I agree to pay for all copy fees according to BFWDC's fee schedule. By submitting this form, you agree any records requesting lists of individuals will **NOT** be used for commercial purposes.

Signature (not required if emailing this request)

Date

Thank you for allowing us to assist you with your records request.

SEND TO:

DATE APPROVED:

Direct Inquiries to:

Benton-Franklin Workforce Development Council
815 N. Kellogg Street Suite C Kennewick, WA 99336
Telephone: (509) 734-5996
Email: admin@BF-WDC.org

TO BE COMPLETED BY BFWDC

- No identifiable record can be located.
 The record you requested is exempt from disclosure by law.
 Additional time is necessary to process your request. RCW 42.56.520
 Portions of the record(s) are exempt from disclosure and have been redacted.

Records processed by _____ Date _____

Record(s) have been mailed, and \$ _____ amount has been
billed. The amount of \$ ____ for _____ copies was paid upon receipt.

The records(s) were picked up in person:

Signature: _____ Date: _____

DATE APPROVED:

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