



Mail, fax or email your request to:
**WASHINGTON STATE CRIMINAL JUSTICE
 TRAINING COMMISSION**
 19010 1ST Avenue S. Burien WA 98148-2055
 Telephone: 206-835-7307
 FAX 206-835-7313
publicrecords@cjtc.state.wa.us
 Website: www.cjtc.state.wa.us

For Agency Use Only
 Date/Time Received ____/____/____
 Received By: _____

PUBLIC RECORDS REQUEST

PERSON REQUESTING INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Telephone: _____

E-Mail Address: _____

DESCRIPTION OF RECORD

Is this record for you? Yes No

If no, record is for: _____

Relationship to Record Holder: _____

Please describe the record(s) you are requesting as completely as possible:

MEMORANDUM OF UNDERSTANDING / AGREEMENT

I am requesting the above record(s) per the Public Disclosure Act, RCW 42.56. I understand:

- there may be costs and I agree to pay such costs.
- the commission may notify persons named in the record of this request.
- I may not use the record(s) to contact, or in some way personally affect, any individual person(s) identified in the record(s), in order to facilitate a profit-seeking business activity.

I have read and am familiar with RCW 42.56.070, 42.56.540, 43.101.400, and WAC 139-02-030.

Requestor's Signature: _____ Date: _____