

**Mail to: Public Records Officer  
1116 W. Broadway Avenue  
Spokane, Washington 99260**

**REQUEST TO INSPECT OR COPY  
PUBLIC RECORDS**

**REQUEST:** (Please Type or Print)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_

**Describe the Records or Information Requested:** (Please be as specific as possible)

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Indicate whether you want to inspect records \_\_\_\_\_ or a copy of records \_\_\_\_\_

Date/Time \_\_\_\_\_

Requestor's signature: \_\_\_\_\_