



REQUEST FOR PUBLIC RECORD MILITARY DEPARTMENT

Please Print

Date of Request:	Name of Requester:	Phone Number:	
	Name of Organization, If Applicable:	FAX Number:	
		Email:	
Address:		City:	State: Zip Code:

NAME AND DESCRIPTION OF PUBLIC RECORDS REQUESTED

By signing this form, I certify that I am not requesting a list of individuals for commercial purposes, as prohibited by RCW 42.56.070(9).

Requester's Signature _____

*Military Department is an equal opportunity agency.
To receive in an alternate format contact Public Records Office at (253) 512-8110 (voice),
(253) 512-7298 (TDD), or by email at public.records@mil.wa.gov.*

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