



Bob Ferguson
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REQUEST FOR PUBLIC RECORDS

NAME _____ **DATE** _____

E-MAIL _____ **PHONE NUMBER** _____

ADDRESS _____

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

Description of Records:

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)

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

SEND TO:

E-mail: PublicRecords@atg.wa.gov
(Preferred)

OR

Public Records & Constituent Services Unit
Office of the Attorney General
P.O. Box 40100
Olympia, WA 98504-0100