CLALLAM COUNTY SUPERIOR COURT
Administrative Records Request - GR 31.1
Written Request Form

Requestor Information:

Printed Name: _____
Last First M.I.

Address: _____
Street City State Zip Code

Telephone: (____) _____ (____) _____ Fax: (____) _____

E-mail Address: _____

Signature: _____

Description of Requested Record(s):

It is important to be as specific as possible as to name, location, date, and type of record requested. Please use additional sheets as necessary.

_____
_____
_____

[ ] This is a request to inspect the records identified above.
[ ] This is a request for copies of the records identified above.
[ ] Other:

Explain Please:

_____
_____
_____

Reason for Request:

A requesting party is not required to reveal the intent behind making the request; however, such information may help the Public Records Officer identify the records responsive to the request.

Intent:

_____
_____
_____

Official Use Only: Date Received _____ Admin Record Request No. _____