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**Request for Inspection of/or Copies of Public Records**

**Please type or print the following information:**

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| --- | --- |
| Name of Requestor: | Phone Number: |
|  |  |
| Street Address: | **City, State, Zip Code** |
|  |  |
| Email: | **Date Request Submitted:** |
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| **Nature of Request:**  Please be as specific as possible in defining the records that you wish to see. If you do not know the specific name of the records you desire, state your request in the form of a question. If you need assistance, a staff member of S3R3 Solutions will assist you in completing the form. If copies are requested, you are required to pay as stated in our Public Records Policy. In addition, payment for said copies must be made in cash.     |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |   Please also certify that any records obtained through this request will not be used for commercial purposes in accordance with Chapter 42.56 RCW:  Received and acknowledged by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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In Office Use

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| Date Request Received: | Request Granted: |
|  |  |
| Date Request Denied: | If Denied, State Reason |
| Total Copies Made: | Amount Received: |
| Received by: | Documents Received/Inspected by: |
| Date: | S3R3 Solutions Employee: |