



CONTACT INFORMATION

Name: _____
(Last, First, Suffix)

Mailing Address *(Street, City, State or Province, Zip code, and Country):*

Daytime Phone Number: (_____) _____

Email Address: _____

DOCUMENTS REQUESTED

Please provide a detailed description of the records you are requesting. (Attach additional sheets if necessary)

CERTIFICATION FOR RECORDS REQUEST

By signing below, you:

- Certify that the information obtained through this request for public records will not be used for commercial purposes.
- Understand the agency will notify persons named in the request prior to disclosure of the records.

Signature: _____

Date: _____

Mail to: PO Box 9131, Olympia, WA 98507
Physical: 711 Capitol Way S, Suite 400, Olympia, WA 98501
Email: publicrecordsrequest@acb.wa.gov

Phone: (360) 753-2586
Fax: (360) 664-9190

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, Chapter 42.56 RCW. The information you submit to the Board may ultimately be subject to disclosure as a public record.