



CONTACT INFORMATION

Name: _____

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

- I certify that the information obtained through this request for public records will not be used for commercial purposes.
- I 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

Phone: (360) 753-2586

Email: publicrecordsrequest@acb.wa.gov

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.