



King County
Office of Citizen Complaints – Ombudsman
401 5th Avenue, Room 135
Seattle, WA 98104
206-263-9242 v/tty - 206-296-0948 fax

Public Disclosure Request _____

Pursuant to the Washington State Public Disclosure Act (RCW 42.56), I request that the following **Ombudsman’s Investigation records** be made available for review and copying [please be as specific as possible by including time frame, complaint number, or other identifying information]:

I agree to pay fees, if necessary, to process my public disclosure request. _____
(Initial) If the costs associated with the request are above \$10 we will contact you first for approval. Any costs totaling less than \$4 will be waived. All fees must be paid before records are copied and released. Payment must be made by cash, money order, or cashiers check and made payable to King County.

Name (please print)

Address

City State Zip Code

Phone number(s)

Signature Date

Please note that RCW 42.56 and other state and federal law exempts certain records from public disclosure. If the records, or portions of the records, that you request are not subject to disclosure, we will inform you of the applicable exemption. **This form may only be used to request documents that are part of the Office of Citizen Complaints – Ombudsman records.**