

## REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Date:  Name:

Address:

City:  State:  Zip Code:

Telephone:  E-mail:

(Please provide specific description of the records you want, e.g. title of records, subject of records, date of records, range of dates, etc.)

**Records Requested:**

I wish to receive a copy of the requested records by:  Email  mail  or inspect records in person

(\$0.15 /page charge for 8½x11 copies, plus postage if applicable; other sizes and formats at actual cost.)

Contact me if copying/scanning cost is greater than \$

If this request is for a list of individuals, is the list to be used for commercial purposes?  Yes  No

**Requestor's Signature:**

**Please fax, email, mail or hand-deliver your records request to:**

Andi Reed, Public Records Officer  
Bremerton Housing Authority  
600 Park Ave  
Bremerton, WA 98337  
(360) 616-7111 / (360) 616-2909 Fax  
[areed@bremertonhousing.org](mailto:areed@bremertonhousing.org)

### Office Use Only

**Request made:**  in person  by phone  
 by e-mail  by mail  by fax

Date Received	<input type="text"/>	Five-Day Response Sent	<input type="text"/>
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Notification of Records Available	<input type="text"/>	Request Completed	<input type="text"/>
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**Request:**  Approved  Denied

**Reference #: PRR**