



# PUBLIC DISCLOSURE REQUEST FORM

Please print clearly.

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (street, apt/suite #, city, state, zip)

\_\_\_\_\_  
Phone # (include area code)

\_\_\_\_\_  
Fax # (include area code)

\_\_\_\_\_  
Email Address

**Be as specific as possible about what you are requesting.** Include, where applicable, inclusive dates, project names and locations, housing development names, program names and any and all information that will assist staff in timely requests. *Include extra pages as needed.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There may be charges for copies or scanned documents (plus postage & the cost of digital storage devices, if required). You will be notified of charges in advance. Check, money order or cashier’s check made out to “KCHA” is due before documents are provided. For large requests, KCHA may require a 10% deposit for anticipated expenses before processing. Documents not claimed within 15 days of notification of availability by KCHA shall be re-filed. For more information and to review KCHA’s Public Disclosure policy, visit [www.KCHA.org/contact/disclosure](http://www.KCHA.org/contact/disclosure).

### PROHIBITION OF RECORDS FOR COMMERCIAL PURPOSES

I certify that any list(s) of individuals obtained through this request for public records will not be used for any commercial purposes, pursuant to RCW 42.56.070(8).

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

*Hand deliver, mail, fax or e-mail to:*

**KCHA Public Records Officer**

**Attn: Craig Violante**

**600 Andover Park West**

**Tukwila, WA 98188**

**E-mail: [PublicDisclosureRequest@kcha.org](mailto:PublicDisclosureRequest@kcha.org)**

**Fax: 206-574-1104**