

# ATTORNEY GENERAL OF WASHINGTON

Consumer Protection Division

## REQUEST FOR PUBLIC RECORDS

Date \_\_\_\_\_

PRR # \_\_\_\_\_

Date Received \_\_\_\_\_ Date Due \_\_\_\_\_

Date Responded to: \_\_\_\_\_

(AGENCY USE ONLY)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax # \_\_\_\_\_

### Information You Are Requesting:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Description of Records: \_\_\_\_\_

\_\_\_\_\_

Please write down any limitations to the dollar amount or page amount concerning this request: \_\_\_\_\_

### Method of Review (Check all that apply):

- An appointment to review Consumer Protection records in office.
- Computer Generated List of Complaint Data (limited in scope).
- Records photocopied – Entire Consumer Complaint. You will be charged 15 cents per page for responses over 25 pages and all postage fees.
- Send electronic records in PDF format by email (include email address above)  
(25 pages or less)
- Provide CD of electronic records in PDF format. You will be charged \$3.93 for each CD needed to produce all responsive records.

**I understand I will be charged for all paper photocopies (15 cents per page) over 25 pages and all postal fees. I understand I will be charged \$3.93 for each CD containing responsive records sent to me.**

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

### Please return to Consumer Protection Office:

CP Public Records Coordinator  
800 5<sup>th</sup> Ave., Suite 2000  
Seattle, WA 98104-3188  
Telephone: (206) 389-3849  
Facsimile: (206) 587-5636