

Records Request Form

Copies provided will be charged at a rate of 15 cents per page *Reasonable charges for providing access to records may also be imposed*

Requestor information

Requestor Name			
Scott Lake Property Address			
Mailing Address			
City	State		Zip Code
Phone Number	Ema	ail Address	
Description of requested records: Please provide as many details as possible, including the applicable date/range of requested records. This will assist us in identifying the records responsive to your request.			
Request for: Record Examination Appointment Record Copies			
Any lists of individuals requested is not to be used for commercial purposes. By signing below, I certify that I will not use the requested records for commercial purposes in the event that a list of individuals is included in the records provided.			
Date	Name (please print)		Signature

You may submit your request by using any of the following methods:

- Email: <u>office@scottlake.net</u>
- In person: Scott Lake Maintenance Company 2631 114th Way SW, Olympia, WA 98512
- Mail: Scott Lake Maintenance Company 2631 114th Way SW, Olympia, WA 98512