

EVERETT HOUSING AUTHORITY  
PO BOX 1547  
EVERETT, WA 98206-1547

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**REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Request Made:  in person  by phone  by fax  
 by mail  by email  other \_\_\_\_\_

Records Requested: (Please provide specific description of the records you want, e.g., title of records, subject or records, date, range of dates, etc. Use additional pages if needed.)

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I wish to  inspect records  receive a copy of the requested records (\$0.10 per page charge for letter or legal-sized copies, plus postage if applicable; \$0.15 per page for color copies; 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

\_\_\_\_\_  
Date

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

Christopher Neblett, Public Records Officer  
Everett Housing Authority  
PO Box 1547  
Everett, WA 98206-1547

Street Address: 3107 Colby Avenue  
Everett, WA

Fax: 425-303-1122

Email: [publicrecordsofficer@evha.org](mailto:publicrecordsofficer@evha.org)

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To Be Completed By EHA

ACTION	DATE	EMPLOYEE
Date Received		
5-Day Response Date		
Notification Made		
Request Completed		

Notes: