

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

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.)

I wish to inspect records receive a copy of the requested records per EHA's Public Records Policy Fee Schedule:

Photocopies or printed copies of electronic public records when requested by the person requesting records	\$0.15 per page
Scanned records	\$0.10 per page

Records uploaded to email, or cloud-based data storage service, or other means of electronic delivery	\$0.05 per 4 electronic files
Records transmitted in an electronic format	\$0.10 per gigabyte
CD, DVD, thumb drive, or other digital storage media or device	Actual cost
Postage or delivery charges	Actual cost of postage or delivery, plus actual cost of any container or envelope used to mail or deliver records

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:

Janinna Attick, 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

To Be Completed By EHA

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

Notes: