

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 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:

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)

To Be Completed By EHA

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

Notes: