

PUBLIC RECORDS REQUEST FORM

HOUSING AUTHO	RITY	Date of Request			
Name	 Address (str	Address (street, apt/suite #, city, state, zip)			
Phone # (include area coc	e) Fax # (includ	e area code)	Email Address		
Description of Request. In the records. Describe the Where possible, include the Where applicable, include the keywords related to your	records with enough de ne name of any form, pr e employee names, titles	tail that we are alrogram, project, o	ole to locate all of the i	ecords that you are se records you are seeki	eking. ng.
There may be charges for You will be notified of chadocuments are provided. Documents not claimed we for more information, vis	irges in advance. Check, For large requests, we r vithin 15 days of notifica	money order or one may require a 10% ation of availabilit	cashier's check made of deposit for anticipate	ut to "KCHA" is due be	fore
I certify that any list(s) of commercial purposes, pu	individuals obtained thr	ough this request	MMERCIAL PURPOSES for public records will		
Signature of Requ	uestor		 Date		
Hand deliv	er, mail, or fax to:	Public Record 600 Andove Tukwila, W/ Fax: 206-57	r Park West A 98188		