

# Kitsap Regional Coordinating Council

## REQUEST FOR PUBLIC RECORD

**REQUESTER:** *Please complete form and submit to the Kitsap Regional Coordinating Council's Public Records Officer at [PublicInfo@KitsapRegionalCouncil.org](mailto:PublicInfo@KitsapRegionalCouncil.org), or by US Postal Mail to Kitsap Regional Coordinating Council, Public Records Request, P.O. Box 1934, Kingston, WA 98346.*

**Requested records description:**

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**Per chapter 42.56 RCW, I understand that I may be denied access to public records, which I have requested if:**

- Such information is personal in nature and if release of such information would violate the "right of privacy" provisions under RCW 42.56.050 or otherwise cause disclosure of confidential information.
- Such information is in the form of a listing maintained by KRCC and it is determined that my intent is to use this information for any commercial purpose or to achieve a financial benefit (RCW 42.56.070). RCW 42.17.020(4) defines "benefit" to include pursuing a "commercial, proprietary, financial, economic, or monetary advantage, or the avoidance of a commercial, proprietary, financial, economic, or monetary disadvantage."
- Such actions would unreasonably disrupt the operations of the agency (RCW 42.56.080) or cause excessive interference with agency essential functions (RCW 42.56.100).
- Such records are lawfully exempted from disclosure under Chapter 42.56, or other law, or as otherwise directed by a court of competent jurisdiction.
- KRCC finds it necessary per RCW 42.56.520 to clarify the intent of the request, to locate and assemble the requested records, to notify third persons or agencies affected by the request, or to determine if any of the information requested is exempt.

**Requester read and sign:**

I hereby certify that I will not use the requested records for commercial purposes.

I understand that I must abide by the Rules and Regulations published by the agency identified, for the protection of the public records, a copy of which I have read and understand.

*I understand that I will be sent a CD of appropriate electronic files at no charge. If I wish to receive paper copies of records instead of the free CD of electronic files, there is a \$.15 per page charge that must be prepaid.*

\_\_\_\_\_  
**REQUESTER'S SIGNATURE**

\_\_\_\_\_  
**BEST CONTACT NUMBER**

\_\_\_\_\_  
**DATE REQUESTED**

\_\_\_\_\_  
**REQUESTER'S MAILING ADDRESS (Please Print Clearly)**

<b>To be completed by Public Records Officer:</b>		<b>Request ID:</b> _____
_____ <i>Date and Time Request Received</i>		_____ <i>Date CD of Electronic Files Sent</i>
_____ <i>Public Records Officer Signature</i>		_____ <i>Public Records Officer Signature</i>