

**Compliance Office**

401 5th Avenue, Suite 900  
Seattle, WA 98104

**206-205-5975** Fax 206-205-3945  
TTY Relay: 711

www.kingcounty.gov/health



**REQUEST FOR PUBLIC RECORDS**

Please provide the information below either electronically or manually.

**Electronic Request:** Complete this form electronically and save it to your computer. Email it to: [Compliance.Health@kingcounty.gov](mailto:Compliance.Health@kingcounty.gov) as an attachment.

**Manual Request:** Print out the form and complete the information. Mail the form to the letterhead address, with attention to: Public Disclosure Program

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

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

Requestor Business Name (if applicable): \_\_\_\_\_

Requestor Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Requestor/Business Address: \_\_\_\_\_

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

Requestor Email: \_\_\_\_\_

Describe below, specific records being requested to enable us to respond to your request accurately and quickly. List the types of records needed such as; correspondence, violations, inspections, septic system design, etc. All environmental health requests associated with a location should have both a parcel number and street address referenced to assist in identifying records.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time period for requested records (Ex: May 2006 - July 2007): \_\_\_\_\_

**Please include your mailing address** - many records are only available in hard copies and must be sent using US mail.

*Available in alternate format upon request pursuant to ADA.*