



CONTACT INFORMATION

Name: _____
(Last, First, Suffix)

Mailing Address *(Street, City, State or Province, Zip code, and Country):*

Daytime Phone Number: (_____) _____

Email Address: _____

DOCUMENTS REQUESTED

Please provide a detailed description of the records you are requesting. (Attach additional sheets if necessary)

CERTIFICATION FOR RECORDS REQUEST

By signing below, you:

- Certify that the information obtained through this request for public records will not be used for commercial purposes.
- Understand the agency will notify persons named in the request prior to disclosure of the records.

Signature: _____

Date: _____

Mail to: PO Box 9131, Olympia, WA 98507
Physical: 711 Capitol Way S, Suite 400, Olympia, WA 98501
Email: publicrecordsrequest@acb.wa.gov

Phone: (360) 753-2586
Fax: (360) 664-9190

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, [Chapter 42.56 RCW](#).
The information you submit to the Board may ultimately be subject to disclosure as a public record.