



# MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health  
615 W. Alder St. – Bldg. 8, Shelton, Wa 98584  
Phone: (360) 427-9670 ext. 352 ♦ Fax: (360) 427-7798

Date Stamp:

Received by: \_\_\_\_\_

## PUBLIC RECORDS REQUEST FORM

<b>Name</b>	<b>Phone</b>
<b>Address</b>	<b>Fax</b>
<b>City, State, Zip</b>	<b>Email</b>

Parcel No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Parcel Address \_\_\_\_\_

Owner \_\_\_\_\_ Previous Owner \_\_\_\_\_

Type of Records:     Building Department Records                       Planning Department Records

Record(s) requested: Please describe a specific identifiable record. Include document name, number or date if known.

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I would like to inspect the record(s) at no charge

I would like a copy of the record(s):    Mailed     Faxed     Emailed (if available in electronic format)    Picked up

Please allow 5 business days for a response to your request. RCW 42.56.520

I agree to pay all copy charges pursuant to Mason County's fee schedule. RCW 42.56.120

I certify the information obtained through this request will not be used for commercial purposes. RCW 42.56.070(9)

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> 5-Day response    Date: _____			<b>OFFICIAL USE ONLY</b>		
<input type="checkbox"/> Scanned Records <input type="checkbox"/> Tidemark Files <input type="checkbox"/> Meeting Notes			<b>Search Criteria Used</b> <input type="checkbox"/> Parcel Files <input type="checkbox"/> Email Search <input type="checkbox"/> Plan Vault		
			<input type="checkbox"/> Permit Center <input type="checkbox"/> Planning Dept. <input type="checkbox"/> County Archives		
Request Closed - By: _____			Date: _____		
Records were: <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Picked up			Fees Due \$ _____		
Notes _____					

*Make checks payable to the Mason County Treasurer*