

REQUEST FOR PUBLIC RECORDS

Date: _____

Time: _____

Name: _____

Phone Number: _____

Address: _____

Representing: _____

Description of Records: _____

Date request for inspection or copying of records

Date: _____

Time: _____

Access to copier required? Yes ___ No ___

I certify that lists of names obtained through this request for public records will not be used for commercial purposes.

Signature

Number of copies: _____

Number of pages: _____

Per page charge: _____

Total charge: _____

Submit form to:

Rafaela Ortiz, PhD

Enduris

1610 S. Technology Blvd.

Suite 100

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