Schools Insurance Association of Washington

451 Diamond Drive
Ephrata, WA 98823

PUBLIC RECORDS REQUEST FORM

Please return completed form to
PublicRecords@chooseclear.com.

Requester's Name: _____

Mailing Address: _____
Street City State Zip

Daytime Phone Number: _____ **Email:** _____

Received Request Via: _____ **Email** _____ **Fax** _____ **In Person** _____ **Phone**

Records Requested: Please describe the specific records you are requesting and any additional information that will help us locate said records (dates, names, etc.). Please indicate which records you wish to photocopy (fee for photocopies is $0.15 per page). Otherwise, the records will be made available for your review. If you require the SIAW to make copies for you and mail copies to you, there will be a charge in addition to the per page copy charge of actual postage costs. There will also be a scanning fee of $0.20 per page to convert from paper to electronic format. The Revised Code of Washington states that records must be made available in a reasonable length of time.

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After requested records are retrieved, I would like to:

- ☐ Inspect the documents at Clear Risk Solutions prior to copying or scanning.
- ☐ Request the documents be copied and I will pick up the copies and pay the copy fees.
- ☐ Request the documents be sent to me electronically to the email address written above.
- ☐ Request the documents be mailed to me and I will pay the copy fees and the mail costs.

I hereby certify on oath and under penalty of law that if a list of individuals is obtained through this request for public records I will not use that information for commercial purposes. RCW 42.26.070 (9)

_____ _____

Date **Signature**

THE SECTION BELOW IS FOR INTERNAL USE ONLY

Received on and by:	Five-day notice sent:	Respond by (date):	Response completed on:
Fees: Copy charge for ___ pages @ $0.15 $_____ Other fees _____ $_____ Other fees _____ $_____ Total $_____		Comments:	