## General Court Rule 31.1 PORT ORCHARD MUNICIPAL COURT

## Administrative Records Request Form

Telephone: ( ) ( ) FAX: ( )  E-mail Address:  Signature:  Description of Requested Record (s). It is important to be as specific as possible as to name, location, date, and type of record requested. Please use additional sheets as necessary.  [ ] This is a request to inspect the records identified above.  [ ] This is a request for copies of the records identified above.  [ ] Other:	Requestor Illion	iation.				
Street City State Zip Coo Telephone: ( ) ( ) FAX: ( )  E-mail Address:  Signature:  Description of Requested Record (s). It is important to be as specific as possible as to name, location, date, and type of record requested. Please use additional sheets as necessary.  [ ] This is a request to inspect the records identified above. [ ] This is a request for copies of the records identified above. [ ] Other:	Printed Name:					<u></u>
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- (1) The Public Records Officer will respond within five (5) working days from receipt of this administrative records request.
- (2) The procedures, the fee structure for providing records and the process for appealing the decisions of the Public Records Officer regarding exemptions, redaction and identification of the records can be found at <a href="https://www.cityofportorchard.us">www.cityofportorchard.us</a>. If you would like a printed copy of the procedures, please contact the public records officer using the information noted below.

Request Received:	at	am/pm
By:		