



**REQUESTER:** Please complete form and submit to  
 "Public Records Officer" of the state agency identified.

# REQUEST FOR PUBLIC RECORD

**TO:** *Big Bend Community College*

IDENTIFY IN **DETAIL** THE RECORDS/DOCUMENTS THAT YOU ARE REQUESTING TO  
 INSPECT AND/OR RECEIVE COPIES OF:  
 (Use additional pages if necessary)


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NO. OF COPIES	AMOUNT RECEIVED \$	DATE OF RECEIPT	TIME OF RECEIPT
PUBLIC RECORDS OFFICER/DESIGNEE SIGNATURE		RECIPIENT'S SIGNATURE	

REASON IF AGENCY IS UNABLE TO COMPLY

**MAIL/FAX/EMAIL YOUR REQUEST TO:**

Big Bend Community College  
 Attn: Public Records Officer  
 7662 Chanute Street N.E.  
 Moses Lake WA 98837-3299

Phone #: 509.793.2010 • Fax: 509.762.6329 • email: [king@bigbend.edu](mailto:king@bigbend.edu)

DATE OF REQUEST	TIME OF REQUEST
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**REQUESTED BY**

NAME	
FIRM/ORGANIZATION	
ADDRESS-STREET	
CITY STATE ZIP	
TELEPHONE NUMBER <small>(Business/Home, etc.)</small>	EMAIL

**REQUESTER READ AND SIGN**

I understand that I will be charged \_\_\_\_\_cents per copy for all standard letter size copies I desire and that other size publications are available at cost.

I hereby certify that the information obtained as a result of this request for public records will not be used to compile a list for commercial purposes.

\_\_\_\_\_  
 REQUESTER'S SIGNATURE