|  |  |  |
| --- | --- | --- |
| **Date of Request** | Click here to enter text. | |
| **Requester’s Name** | Click here to enter text. | |
| **Mailing Address** | Click here to enter text. | |
| **Phone** | Click here to enter text. | |
| **Email** | Click here to enter text. | |
| **Describe the records you are requesting and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates. Attach additional pages if necessary.** | | |
| Click here to enter text. | | |
| **After the requested records are ready, I would like to:** |  | Inspect the records at Petrichor Broadband, LLC office  302 N Mill Street, Colfax, WA 99111. 7:30 a.m. – 4:00 p.m. PST. |
|  | Receive hard copies via mail or  pickup  **Copies will be made for $0.15 per copy.** |
|  | Receive electronic copies via email or other (please specify) |

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature and Date**

*(Signature not required unless requesting a list of individuals)*