



OFFICE OF MINORITY AND WOMEN'S BUSINESS ENTERPRISES (OMWBE) REQUEST FOR PUBLIC RECORDS

DATE OF REQUEST: _____ REQUESTER'S NAME: _____
COMPANY NAME: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: (_____) _____

PUBLIC RECORDS REQUESTED (BE SPECIFIC):

REQUESTER READ AND SIGN:

I understand I must abide by the rules and regulations published by the OMWBE for the protection of public records; a copy of which I have read and understand.

I understand I will be charged fifteen cents for each copy (RCW 42.56.120).

I hereby agree that the information provided me by the OMWBE is for my use only and shall not be used for any commercial purpose by myself or any other individual or organization I represent and I will protect the information from access by anyone who may use it for purposes of contacting the individuals named therein or otherwise personally affecting them in the furtherance of any profit seeking activity. I also agree not to sell or otherwise distribute the information to another for any commercial purposes.

OMWBE is not allowed to disclose certain information regarding our Disadvantaged Business Enterprise (DBE) firms, without written consent from the firm. Please refer to Code of Federal Regulations 49 CFR 26.109(a)(2) and 49 CFR 26.67(a)(2)(iv).

With respect to other information, OMWBE must comply with the Washington State public records act.

Signature _____

TO BE COMPLETED BY OMWBE PUBLIC RECORDS OFFICER

Date of Receipt: _____ Number of Copies: _____ Amount Received: _____ Signature: _____

Comments: _____
