

## Public Records Request

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Date of Request: \_\_\_\_\_ Requester: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address or P.O. Box

Apt/Unit/Suite

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Describe the records you are requesting:

### Requester agreement to read and sign:

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

In addition to other exemptions provided by state and federal law, OMWBE is prohibited from disclosing 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).

Signature: \_\_\_\_\_

### Email or mail your request:

Email: [publicrecords@omwbe.wa.gov](mailto:publicrecords@omwbe.wa.gov)

Washington State Office of Minority & Women's Business Enterprises  
PO Box 41160  
Olympia, WA 98504-1160