

## Request for Public Record

Name of Requestor: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of Request: \_\_\_\_\_ Time: \_\_\_\_\_

### Nature of Request

Index Reference: \_\_\_\_\_

If not identifiable by reference to the index, please describe the document(s) in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

#### Please mail completed form to:

Washington State Investment Board, P.O. Box 40916, Olympia, Washington 98504  
Or, submit electronically to: [recep@sib.wa.gov](mailto:recep@sib.wa.gov)

### For WSIB Office Use Only

- Request Granted  
 Record Withheld  
 Record Withheld in Part
- If withheld, name the exemption within RCW 42.17.310, which authorizes the withholding of the record or part of record.  
\_\_\_\_\_
- If withheld, briefly explain how the exemption applies to the record withheld.  
\_\_\_\_\_
- If request granted: Time: \_\_\_\_\_ Date: \_\_\_\_\_
- Copy Charge: \_\_\_\_\_
- Completed by: \_\_\_\_\_ Date: \_\_\_\_\_