

PUBLIC RECORDS REQUEST FORM

<u>Do not</u> use this form to submit a request for Unemployment Insurance or Paid Family Leave/Leave and Care Records.

If this request involves private and confidential Unemployment Insurance Program Records or Leave and Care Program records on an individual or employer, please submit the appropriate form that can be found on the external ESD page under forms: <u>https://www.esd.wa.gov/newsroom/public-records</u>. Using the correct form ensures that we have adequate information to timely process your request.

You may fill in and email, mail or fax this form to the addresses listed below.

NAME LAST FIRST MIDDLE TITLE (IF APPLICABLE) ORGANIZATION OR BUSINESS NAME (IF APPLICABLE) ZIP CODE MAILING ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER (INCLUDE AREA CODE) FAX NUMBER (INCLUDE AREA CODE) E-MAIL ADDRESS B. DESCRIBE SPECIFIC RECORDS BEING REQUESTED: ZIP CODE DESCRIBE RECORDS BEING REQUESTED: ZIP CODE				
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DESCRIBE RECORDS BEING REQUESTED				
DESCRIBE TIME FRAME REQUESTED				
C. NOTIFICATION OF CHARGES FOR RECORDS:				
Notify me of any cost for records that exceeds before providing the requested records.				
I notify the of any cost for records that exceeds \$ before providing the requested records.				
D. DISCLAIMER AND SIGNATURE				
By sending this form to the Employment Security Department (ESD) I understand my email, this form, and any responses				
from ESD may be subject to inspection and copying by members of the public under a public records request, unless an				
exemption or other protection in law exists.				
Please keep this in mind when providing ESD with personal information such as Social Security information, credit and				
bank account numbers, other financial information, or medical information.				
We strongly urge you to not submit sensitive personal information on these forms online. If you feel that				
sensitive information such as credit card numbers or social security numbers are required to process your request, we urge you to print out our request form and submit it to us by mail or by facsimile.				
SIGNATURE: DATE REQUESTED:				
X				
REQUEST FOR RECORDS MAY BE SENT TO:				

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	Employment Security Department	Fax	1-866-610-9225
,	Attn: Records Disclosure Unit	Phone	1-844-766-8930
	P.O. Box 9046	Email	<u>recordsdisclosure@esd.wa.gov</u>
1	Olympia WA 98507-9046		