

REQUEST FOR PUBLIC RECORDS

Board of Accountancy Washington State



Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

E-Mail: _____

Documents Requested: Please provide a detailed description of the records you are requesting:

I choose to inspect the records at no charge before selecting copies. Yes No

I understand that if I wish to receive copies of public records, a fee may be assessed.

I certify that the information obtained through this request for public records will not be used for commercial purposes.

Date: _____ Name: _____ Signature: _____

If you wish to receive a list of CPAs or CPA firms please visit the Board's web site for the List Request Form.

If you need assistance, contact us by:
Phone: (360) 664-9194
E-mail: publicrecordsrequest@cpaboard.wa.gov
Fax: (360) 664-9190

Return the form to:
E-mail: publicrecordsrequest@cpaboard.wa.gov
Fax: (360) 664-9190
Mail: Board of Accountancy
PO Box 9131
Olympia, WA 98507-9131

Please be advised: The Washington State Board of Accountancy complies with the Public Records Act, Chapter 42.56 RCW. This act establishes a strong state mandate in favor of disclosure of public records. As such, the information you submit to the board, including personal information, may ultimately be subject to disclosure as a public record.