

# PUBLIC RECORDS REQUEST

## SECURITIES DIVISION

PO Box 9033

Olympia, WA 98507-9033

(360) 902-8760 / FAX: (360) 902-0524

Securities Date Stamp

PLEASE PRINT Do not send any money until you are notified of the cost

### PERSON REQUESTING

Name

Company

Address

City, State, ZIP

Phone # ( )

FAX # ( )

Email:

### NAME OF PUBLIC RECORD

Check document requested. Please specify which record is requested and whether the document should be the most recent date or a particular year.

Name of Company or Individual

Date of Document

Offering Circular (Prospectus)

Franchise Agreement

Financial Statements

Application Form

Correspondence

Form D

CRD Report (name/CRD number) \_\_\_\_\_

Licensee List (specify type) \_\_\_\_\_

Other (specify) \_\_\_\_\_

### CONDITIONS FOR RELEASE OR REVIEW OF PUBLIC RECORDS

Pursuant to RCW 42.56.070(9), I agree that any list of individuals provided to me will not be used for any commercial purpose by myself or any other person I represent. I will protect the information from access by anyone who may use it for a commercial purpose. "Commercial purpose" includes using the information for any profit-making activity.

If I wish to inspect or review record(s), I agree to the following conditions: I will not remove the records from the designated area. The quantity of records may be limited. I will not mark or alter the records in any way. I will not destroy or deface the records in any way including writing on, folding or folding anew if in folded form, tracing or fastening with clips or other fasteners except those that already exist in the file. I will not cut or mutilate records in any way. I will keep the records in the order received. And I will return the records to the department when no longer required by me and no later than the end of customary office hours on the day provided.

Signature of Person Requesting Public Document

Date

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Division Contact:

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