



Submit a request online: www.Lni.wa.gov/PublicRecords

Public Records Unit
PO Box 44632
Olympia WA 98504-4632

Phone: 360-902-5556
Fax: 360-902-5529

Requestor Information:

Requestor Name		Representing / On Behalf Of	
Company Name		UBI Number / License Number	
Mailing Address			
City		State	Zip Code
Phone Number	Fax Number	Email Address	

Check the box(es) for the record(s) needed:

- | | |
|--|---|
| <input type="checkbox"/> Claim File** — See Claim & Account Center | <input type="checkbox"/> Factory Assembled Structures Records |
| <input type="checkbox"/> Contractor Records | <input type="checkbox"/> Fraud Investigation Records |
| <input type="checkbox"/> Crime Victims File** | <input type="checkbox"/> IME Provider Records (credentialing, complaints, reviews, etc.) |
| <input type="checkbox"/> DOSH — Discrimination Complaint for reporting a hazard | <input type="checkbox"/> Industrial Insurance Discrimination Complaint for filing a claim |
| <input type="checkbox"/> DOSH — Workplace Safety & Inspection Records | <input type="checkbox"/> Medical Bill** |
| <input type="checkbox"/> Electrical Records | <input type="checkbox"/> Plumber Certification Records |
| <input type="checkbox"/> Elevator License/Inspection Records | <input type="checkbox"/> Prevailing Wage Records |
| <input type="checkbox"/> Employer Audit Records | <input type="checkbox"/> Other Records — provide details below |
| <input type="checkbox"/> Workplace Rights Complaints (such as wage, overtime, meal or rest breaks, etc.) | |

To receive claim files, Crime Victim's files, and medical bills, you must provide an [Authorization Form](#) with three (3) identifiers that match the files you are requesting. **Do not email claim information — it must be mailed or faxed.

Provide as many details as you can about the records:

Name of Employee / Company Name / Injured Worker / Provider etc.		UBI / License Number	
Date of Record(s) / Time Frame / Date of Incident		Case / Inspection / Claim Number	
Was there a fatality / hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this in litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you appealing or thinking of appealing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Hearing (if known)
<input type="checkbox"/> I need the complete case file.	<input type="checkbox"/> I need a copy of the complaint(s) only.		
<input type="checkbox"/> I need the final outcome (citation or infraction, etc.).	<input type="checkbox"/> I need a copy of the summary only.		
<input type="checkbox"/> Other:			

Brief Description of Records You Need:

- I choose to inspect the records at no charge before selecting records. The review of the records will be at the L&I Tumwater office. Records may be subject to fees as per [WAC 296-06-120](#).

By signing below, I certify that I will not use the requested records for commercial purposes in the event that a list of individuals is included in the material provided, as per [RCW 42.56.070\(8\)](#). (This statute does not apply to lists of businesses.) The Department of Labor & Industries defines commercial purpose as communication with the individuals named in the record(s) for the purpose of facilitating profit-expecting activity. Additional information may be required.

Print Name _____

Signature _____

Date _____