

SELF-REQUEST FOR RECORDS

A response to your request will be sent within 10 TO 15 BUSINESS DAYS.

1. PROVIDE THE FOLLOWING INFORMATION:

Name (please include any alias or maiden name):

Social Security Number:

2. CHECK ONE OR MORE BOXES TO INDICATE THE RECORDS BEING REQUESTED:

I am requesting a copy of my Employment History from _____ through _____
(start date) (end date)

I am requesting a copy of my Unemployment Payment History from _____ through _____
(start date) (end date)

If you are seeking records other than the above (identify here):

3. AUTHORIZATION AND SIGNATURE:

a) Mail or Fax records to:

Name:
Tacoma Public Utilities
Contact Phone #:
Customer Solutions Office (253) 502-8400
Address Line:
3628 South 35th Street
City State Zip Code:
Tacoma, Washington 98409-3192
Return Fax #:
(253) 502-8906

) Send Request to:

Employment Security Department
Attn: Records Disclosure Unit
P.O. Box 9046
Olympia WA 98507-9046
Fax # (866) 610-9225
Phone # (360) 725-9440

c) I authorize the requested information/records be released and sent to the entity identified in Section 3a.

d) By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the individual whose records are being requested.

Signature (Required)

Date