



Submit a request online: [www.Lni.wa.gov/PublicRecords](http://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 <a href="#">Claim &amp; Account Center</a>                   | <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 \_\_\_\_\_