

REQUEST FOR PUBLIC RECORDS

DATE _____ DEPARTMENT/AGENCY _____

NAME _____ TELEPHONE _____

ADDRESS _____

RECORD(S) REQUESTED: _____

ACTION REQUESTED: _____ Inspection _____ Copying

Please mail the copies to me. (You will need to submit a check to the Department/Agency for the mailing costs and copying costs before the copies will be mailed to you.)

SIGNATURE OF REQUESTOR _____

REQUESTER READ AND SIGN:

If my request is for a list of individuals, I certify that it will not be used for commercial purposes and that I will not give or provide access to the material to others for commercial purposes, as prohibited by RCW 42.56.070.

REQUESTER'S SIGNATURE: _____

DEPARTMENT/AGENCY RESPONSE

PROCESSING YOUR REQUEST HAS BEEN DELAYED BECAUSE:

_____ We need additional information. (See REMARKS)

_____ We need additional time to process your request. We anticipate being able to provide you with the requested records by _____.

_____ Other (See REMARKS)

FINAL DEPARTMENT/AGENCY RESPONSE:

_____ The record(s) you requested is/are available for inspection at _____.

_____ The record is available with certain information deleted. (See REMARKS)

_____ Your request to inspect or copy the record(s) has been denied, in whole or in part, for the reasons given in the REMARKS section.

Copies will be made for \$0.15 per page or the actual cost of duplication. Please make your check payable to _____.

_____ No. of Copies _____ Mailing Costs _____ Total Cost

Department Head/Elected Official Signature _____ Date _____

REMARKS: _____

Signature of Notifying Employee: _____

Date of Notification: _____ Requestor Notified: ___ in person ___ by mail ___ by phone ___