



**PUBLIC RECORDS REQUEST FORM  
RCW CHAPTER 42.56 PUBLIC RECORDS ACT**

**SECTION 1. To be complete by the requesting person, business, or agency.**

Name (print): \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Records Requested** This must describe an identifiable record or records. This form is not intended for general inquiries.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Requested:**        Inspection        Copy

Desired Audio/Video format, if applicable.        Cassette        CD        DVD

I agree to pay all copy charges pursuant to the City’s fee schedule. If I have requested a list of individuals, I certify that the information obtained through this public disclosure request will not be used for commercial purposes. **RCW 42.56.070(9).**

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have multiple requests for records that are each estimated to take more than 10 hours for processing, review, and redaction, those requests will be handled in the order in which they are received unless a request is time sensitive.

**Section 2: To be completed by City Personnel.**

- No identifiable record can be located
- Additional time is necessary to process your request. **RCW 42.56.520.**
- The records were picked up in person      Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- The amount of \$ \_\_\_\_\_ for \_\_\_\_\_ copies was paid upon receipt.  
Record(s) have been mailed and \$ \_\_\_\_\_ amount has been paid.

**If you have any questions or concerns about your Public Records Request, please call the Public Records Officer at 509.877.2334 or email info@wapato-city.org**