



Wahkiakum County
 64 Main Street ~ P. O. Box 586
 Cathlamet WA 98612
 (360) 795-8048 ~ Fax (360) 795-0342

REQUEST FOR PUBLIC RECORDS
 Chapter 42.56 RCW

INSTRUCTIONS:

Employee receiving the request completes **Section 1**.
 Requestor completes **Section 2** if request is made in person;
 Otherwise employee receiving the request completes the form.
 Attach legal or explanatory documents. Route this form to
 the appropriate department public records officer to
 complete **Section 3**. Employee notifying Requestor completes
Section 4.

<p>SECTION 1: FOR COUNTY USE ONLY</p> <p>Date:</p> <p>Department:</p> <p>Request Received By:</p>
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This completed form is an open public document and may be released to any requestor.
SECTION 2: Records Request

Name of Requestor:	Phone:	Email Address:
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Address:	City/State/Zip:
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To assist with record identification, list names of other persons named in records you seek, if known:

I wish to inspect receive a copy of the following record(s): *(Please describe the documents in detail, additional pages can be attached)*

Request made in writing: in person by fax by mail by email

I certify or declare that any list of individuals obtained will not be used for any commercial purpose.

Signature of Requestor: _____ Date: _____

SECTION 3: Agency Response

ALLOW ACCESS Charge is 15¢ for each photocopy (black and white, 8 1/2 x 11). Charge for other types of copies is the County's actual cost.

DENY ACCESS The records you have requested are legally exempt from public disclosure by the following authority:

WE DO NOT HAVE THE RECORD(S)

SECTION 4: Requestor Notification

Name of Person Notified: _____ Date: _____ Time: _____

<input type="checkbox"/> by mail <input type="checkbox"/> in person Staff time	<input type="checkbox"/> by phone <input type="checkbox"/> by email	I made the County's final response as stated: Signature: _____
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Routing: Original to Department's Public Record Officer Copy to Requestor