



Wahkiakum County
 64 Main Street ~ P. O. Box 586
 Cathlamet, WA 98612
 360.795.8048 – Phone
 360.795.0342 – Fax

Request # _____
 Date Due: _____
 Extended To: _____
 Extended To: _____
 Extended To: _____

REQUEST FOR PUBLIC RECORDS

Name: _____ E-Mail: _____
 Street Address: _____ City, State, Zip: _____
 Home/Cell Phone: _____ Business: _____ Fax: _____

RECORDS REQUESTED: *(Please be as specific and detailed as possible in your description of the records you seek. Attach additional information, if necessary, to assist us in locating responsive records. Failure to provide sufficient information to identify the record(s) you seek, may cause delays in satisfying your request).*

PLEASE READ AND ACKNOWLEDGE UPON SUBMITTING REQUEST

Agencies must respond within five business days of receiving a public records request by: (1) providing the record; (2) acknowledging receipt of your request and providing a reasonable estimate of the time the agency will require to respond; or (3) deny the request. I understand that if a list of individuals is provided to me, it will not be used for commercial purposes, to promote the election of an official, or promote or oppose a ballot proposition, as prohibited by law, nor is it construed as giving authority to give, sell or provide access to lists of individuals requested as prohibited by the Public Records Act. Further, I understand I will be charged a minimum of \$.35 per page for normal size pages and actual costs for reproduction of rolled plans, maps and other sized copies that may be sent to an outside vendor for duplicating. Upon receipt of a public records request that is unclear, an agency may ask the requestor to clarify what information the requestor is seeking in order to produce responsive records.

- I wish to have copies / duplicates of the records indicate above.
- I wish to make an appointment to review the records indicated above before copies are made.

 Signature of Requestor _____
 Date of Request

This request is best handled by: _____ Additional Staff Copies: _____

INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY COUNTY STAFF

Date 5-Day Letter Sent: _____ Extension Letter Sent: _____ Extension Letter Sent: _____

Notes: _____

- This Request was Satisfied/Date: _____
- This Request was Not Satisfied/Reason: _____
- This Request Was Denied/Reason: _____

ACKNOWLEDGE RECEIPT OF RECORDS

Request Satisfied (sign) _____ Printed Name: _____

County Representative: _____ Number of Copies: _____ Fee: \$ _____