

CITY OF CHEWELAH
REQUEST FOR DISCLOSURE
OF PUBLIC RECORDS

Requestor's Name: _____
Mailing Address: _____

Telephone Number: _____ Fax: _____
E-Mail Address: _____
Date and Time Request Received by City: _____

Request Made: (check all that apply)

☐ In Person ☐ In Writing ☐ By Telephone ☐ By E-Mail ☐ By Fax

Please describe the SPECIFIC records you are requesting and any additional information that will help us locate said records (dates, names, etc.).

THE UNDERSIGNED REQUESTS AN APPOINTMENT TO REVIEW THE FOLLOWING PUBLIC RECORDS AT CITY HALL:

THE UNDERSIGNED REQUESTS COPIES OF THE FOLLOWING PUBLIC RECORDS:

I certify that if a list of individuals is obtained through this request for public records the information will not be used for commercial purposes. Further, I understand that I will be charged 15 cents per single-sided 8 ½ x 11 page copied and the actual cost incurred by the City for copies of other documents, records, or recordings.

Signature

Date

FOR OFFICE USE ONLY

Request Received by: _____ Date: _____

Request Forwarded to: _____ Time: _____

1. Response to Request

{ } Documents provided within five (5) days (request fulfilled); Date _____

{ } Mailed { } Faxed

{ } Picked Up { } E-mailed

{ } Reviewed at City Hall { } _____

{ } Five (5) day letter sent on _____, stating the following:

{ } Acknowledgement, Estimated Response Date _____ (See No. 3)

{ } All or Part of the Request Denied (must be in writing) (See No. 4)

{ } Request For Clarification (See No. 5)

2. Request forwarded to attorney for review: { } Yes, Date Forwarded _____ { } No

3. If additional time is needed, explain why:

4. If request is denied or withheld in part, identify legal basis (see RCW 42.56):

5. If request requires more clarification to locate responsive records, explain need for clarification:

6. Comment Log (document action taken after five (5) day letter):
