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 __________________________

{JKNW0091252.DOC;1/00003.900000/}
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):

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________