**CITY OF GRANDVIEW**
**PUBLIC RECORDS DISCLOSURE REQUEST**
***Petición para Documentos Públicos***

RETURN TO: CITY CLERK, 207 WEST SECOND STREET, GRANDVIEW, WA 98930

DATE OF REQUEST *(fecha de hoy)*: _____

REQUESTOR'S NAME *(nombre del solicitante)*: _____

ADDRESS *(dirección de correspondencia)*: _____

CITY/STATE/ZIP*(ciudad/estado/código postal)*: _____

PHONE NUMBER (*número de teléfono)*: _____ EMAIL: _____

**RECORD(S) REQUESTED :** ***(POLICE & FIRE REPORT FEE OF $10.00 IS NONREFUNDABLE)***
***Documentos Solicitados: (Los $10.00 para el reporte de policía y encendio no es reembolsable)***

TITLE OR DESCRIPTION OF RECORD(S): _____
*(Título o descripción de documentos)*

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INVESTIGATING OFFICER *(oficial que investigo)*: _____CASE NO.*(# de caso)*: _____

DATE OF RECORD(S) *(fecha de documentos)*: _____

REASON RECORD(S) REQUESTED *(la razón que se solicitan)* : _____

SIGNATURE OF REQUESTOR *(firma del solicitante)*: _____

PRINT NAME: _____ TITLE: _____
*(nombre en letra de molde)* *(título)*

*INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY CITY STAFF*

1. REQUEST RECEIVED BY: _____ DEPARTMENT: _____ DATE: _____

2. ACTION TAKEN
   [ ] REQUEST GRANTED
   [ ] ACKNOWLEDGEMENT – ESTIMATED RESPONSE DATE PROVIDED
   [ ] RECORD DENIED
   [ ] RECORD WITHHELD IN PART

3. REQUEST FORWARDED TO CITY ATTORNEY FOR REVIEW: [ ] YES [ ] NO DATE FORWARDED: _____

4. NOTIFICATION TO REQUESTER OF ACTION TAKEN: DATE OF NOTIFICATION: _____
   [ ] REQUEST GRANTED
   [ ] NEED FOR ADDITIONAL TIME - HOW LONG? _____
   [ ] REQUEST DENIED
   [ ] RECORD WITHHELD IN PART

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NUMBER OF COPIES: _____
STANDARD COPY CHARGE @ $.15 PER PAGE: $_____
OTHER CHARGES: _____ $_____
TOTAL FEES DUE: $_____

FIRE REPORT FEE: $10.00 _____
POLICE REPORT FEE: $10.00 _____
**($10.00 Report Fee Non-Refundable)**

RECEIPT NO. _____ DATE: _____