City of Davenport
P.O. Box 26
Davenport, Washington 99122
(509)725-4352

PUBLIC RECORDS REQUEST

PLEASE PRINT CLEARLY

Requestor Name: _____

Address: _____

Phone Number: _____

Request Made: [ ] **In Person** [ ] **In Writing** [ ] **Telephone** [ ] **E-Mail**

Date of Request: _____

Nature of Request: **(list specific records requested and purpose for the request)**

_____

_____

_____

_____

_____

Do you want to?
_____**Inspect the records at no charge**
_____**Receive a copy after paying the required fee**
_____**Inspect the records first and then consider selecting records to copy and pay for**

The City of Davenport must receive all requests at least five business days before the requested date of inspection to allow the public records officer or designee to make certain the requested records are available and not exempt and, if necessary, to contact the person requesting the records. The City of Davenport will process all requests in a timely manner. The City of Davenport will respond to your request within five business days of receiving it, by either: *(R.C.W 42.17.320)*

a) Making the record available for inspection or copying, or, if payment is made or terms of payment are agreed upon, sending the records to the requestor.
b) Acknowledging the receipt of the request and providing a reasonable estimate of the time the City will require responding to the request.
c) Denying the public records request

Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. If I or someone else uses these records for commercial purposes I may violate the rights of the individuals named and I may be liable for damages. "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activities.

I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Dated this _____day of _____, 20_____ .

_____
Name

_____
Address

_____
City, State, Zip

_____
E-Mail Address

_____
Phone Number

I understand that I will be charged the amount necessary to reimburse the department's cost for copying. Resolution 2007-5, effective May 23, 2007, photocopies will be charged at $.15 per page.

Signature: _____

Request Granted

Date Request Received — —— — Date Completed ————————

Number of Pages_____x $ .15 + $

Document Fee _ ———— + $ _____

Other Media Fee_ __ + $ _____

TOTAL CHARGE = $ _____
(Transaction Code =9100 Misc. Copier Charges)

For Department Use Only

Request Denied

Dept. Receiving Request _____ Date Received ————

The City is refusing to allow inspection or copying of the requested documents described on the reverse side of this request form. Access to the requested public record is denied for the reason that it is clearly non-disclosable as identified in RCW 42.56.070, 42.56.210 or RCW 10.97, or certain portion s have been withheld pursuant to RCW 42.56.070(I) or RCW 42.56.210.

(Provide a brief explanation of how the exemption applies to the record withheld)_____

_____

_____

_____

_____

_____

Withholding of the specific portions of the public record, which the City is not disclosing to you, is an authorized exemption.

For Department Use only