CITY OF CONNELL WASHINGTON

509-234-2701
P.O. Box 1200
104 E. Adams St.
Connell, WA 99326
www.cityofconnell.com

Public Records Request Form

Name of Requestor (Please print)

Date of Request

Address

Mailing Address (if different)

City, State, Zip Code

(____)_____
Phone Number

E-Mail Address

Signature of Requestor

Limitation On Use For Commercial Purposes

Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. "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 activity. By signing below, you are certifying that that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Document Title: _____

Date(s) of Record: _____

Case Number _____

Please describe the records you are requesting and provide any additional information to help locate the records as quickly as possible.

_____

_____

_____

I would like to:

☐ Inspect the records at no charge (I may request copies after inspection)

☐ Receive a copy of the Requested Records by:

Emailed_____

Fax _____

Mailed US Postal Service (with postage fee) _____

I will pick up records requested in person from City Hall_____

(First 50 copied pages free, then .15 per page for each calendar year)

Cost of Record Request

Total Number of Pages: _____

CD Charge_____

Postage/Shipping Charge_____

Other Charges_____

Total Charges_____

Date Request Completed_____

Payment Received Date_____

City Staff Use Only

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Request Received by:_____Date Received_____

Format Request received in:
Fax_____
Phone_____
Email_____
In person_____

Department_____
Record Log Number_____

I certify under penalty that on_____(date), I hand-delivered, faxed, emailed, or mailed the above requested document to:_____as requested.

Staff Signature: _____

Event Tracking

Event	Dated	Staff Initials	
Five-Day Notice Sent:	_____	_____	_____
Date For First Installment:	_____	_____	_____
First Installment Provided:	_____	_____	_____
Other Installments Provided:	_____	_____	_____
Response completed:	_____	_____	_____

NOTES

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Public Records Not Provided

☐ Requested Documents Not Found _____
☐ Not Valid Public Records Request _____