REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Shaded Areas to be completed by staff	Date Stamp:
Person Receiving Request: _____	

Name of person making request:	Company/Organization:	Home Phone:
Residing Address: Street, City, State, Zip:	Mailing Address:	Work Phone:
Email:		Fax:

Records Requested:	
Title of Record:	Date/Date Range of Record:
Describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible. Be as specific as possible. If known, include author, recipient, title, department, official having custody of the records requested.	

Action Requested:	Authorizing Document: (attach if possible)
[ ] Inspection Only	[ ] Legal Demand
[ ] Copy All	[ ] Subpoena
[ ] Inspection, then copy selected pages	[ ] Other _____

I understand that if a list of individuals is provided to me by the city of Grand Coulee, it will neither be used to promote the election of an official or to promote or oppose a ballot proposition as prohibited by RCW 42.17.130 nor for commercial purposes or to give or provide access to material to others for commercial purposes as prohibited by RCW 42.56.070(9). I understand that I will be charged 15 cents per page for all standard and legal-sized black & white copies. The City of Grand Coulee does not warrant the accuracy or completeness of information contained in public records or any data provided electronically.

Signature of Requestor:	**Date:**

Form not completed by requestor. Information taken from:	**[ ] Phone Request**	**[ ] Mailed Request**

[ ] Your request has been received and is being processed	**[ ] The record you requested is exempt from inspection under the law. (See remarks)**
[ ] The record you requested is available ~ for copy submit $_____	**[ ] We do not have the record. (See remarks)**
[ ] We need additional information to respond to your request. (See Remarks)	**[ ] Referred to City Attorney ~ may be exempt under code.**

Remarks/Documentation of reason for denial:

Final Agency Response: [ ] Allow Access [ ] Deny Access	Date:	Time:

Individual notified of final agency response:	Notified by: [ ] Mail/Email	[ ] Telephone [ ] In person

I certify that notification of final agency response was carried out as stated above: (Signature)