

OKANOGAN COUNTY – REQUEST FOR PUBLIC RECORDS

Requester's Name: _____

Mailing Address: _____
Street City State Zip

Daytime Phone Number: _____ Email: _____

Description of records (Please be as specific as possible. If known, include author, recipient, title, date or date range, etc.)

List each Department, Office or Official having custody of the records requested:

After the County retrieves the requested records, I request:

Inspection Only Copy All Inspection, then copy selected pages
 (Standard copies are 15 cents per page. There is no charge to inspect documents)

Date desired: _____ [Most requests are filled within five business days]

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the State of Washington that the information obtained through this request will not be used for commercial purposes. I understand and acknowledge that Okanogan County does not warrant the accuracy or completeness of information contained in public records or any data provided electronically. I understand that I must exhaust my administrative remedies pursuant to Okanogan County Code § 2.88.070 before seeking judicial review of an agency decision regarding this request.

_____ _____ _____
 Date Place Signature

FOR USE BY PUBLIC RECORDS OFFICER		
	DATE	INITIALS
FIVE-DAY NOTICE SENT:		
REQUEST APPROVED/SATISFIED:		
DATE RECEIVED:		
REQUEST DENIED:		
EXEMPTION STATEMENT:		