



OKANOGAN COUNTY BUILDING DEPARTMENT

DAN HIGBEE, BUILDING OFFICIAL
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REQUEST FOR PUBLIC RECORDS

Requestor's Name: _____

Mailing Address: _____

Street

City

State

Zip

Daytime Phone: _____ Email: _____

I wish to inspect receive copies receive an electronic copy of the following specific record(s):

* Monthly Building Report * Copies of Monthly Building Permits * Both Reports

Other (please be as specific as possible) _____

Requests for Public Information Limitation on Use for Commerical 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 the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. 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.

Signature _____

Date _____

- Monthly Reports and Copies of Monthly Building Permits are disseminated upon completion of data and information gathered, collected, and entered for formatting. These reports can not be guaranteed on a monthly basis or by a certain date each month as they are generated only as time allows.
- Within five business days of receipt of the request, the Public Records Coordinator or designee will do one of the following: (1) Make the records available for inspection or copying. (2) Send copies to requestor if payment has been received. (3) Provide a reasonable estimate when records will be available. (4) Contact requestor to request clarification. (5) Deny the request citing reason for denial.
- Copy and postage fees must be paid prior to records being sent.

Office Use Only		
<i>Date Rec'vd</i>	<i>By:</i>	<i>Request #:</i>
<i>Request Made by</i> <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email		
Responded To By:	Date:	Time:
By <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email	<input type="checkbox"/> Approved <input type="checkbox"/> Do not have the Records <input type="checkbox"/> Deny Access	
Action:		
I have made the response as stated.		
Signature:		Date: