

# 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.)

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

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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: \_\_\_\_\_

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
Date Received:	_____	_____
Five Day Notice Sent:	_____	_____
Request Approved/Satisfied:	_____	_____
Request Denied:	_____	_____
Exemption Statement:	_____	_____