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.

_____ _____ _____
Date Place Signature

FOR USE BY PUBLIC RECORDS OFFICER

	DATE	INITIALS
DATE RECEIVED:	_____	_____
FIVE-DAY NOTICE SENT:	_____	_____
REQUEST APPROVED/SATIFIED:	_____	_____
REQUEST DENIED:	_____	_____
EXEMPTION STATEMENT:	_____	_____