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:________________________

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 Received: ____________________ Date ____________ Initials ____________
Five Day Notice Sent: ____________________ Date ____________ Initials ____________
Request Approved/Satisfied: ____________________ Date ____________ Initials ____________
Request Denied: ____________________ Date ____________ Initials ____________
Exemption Statement: ____________________ Date ____________ Initials ____________

PUBLIC RECORDS REQUEST FORM – ONE PAGE ONLY