

WHITMAN COUNTY

REQUEST FOR ACCESS TO PUBLIC RECORDS



Name: _____ Date of Request: _____

Mailing Address: _____

E-mail Address: _____ Phone No.: _____

I would like to access public records via: Copies of the record Inspection of the record

Records Requested ►

Please describe the **SPECIFIC** record(s) you are requesting and any additional information that will help us locate said records (dates, names, etc.). Please attach additional documents as required for thorough explanation of your request. Indicate if you want copies in printed or electronic format.

Inspection of records is free. A per-page charge of \$0.15 for standard copies applies. Other charges based on legal requirements or specific documents may apply. Statute requires that response on a request for public records must be taken within five business days of receipt of the request.

I understand that Washington State Law (RCW 42.56.070(9)) prohibits the use of lists of individuals for commercial purposes. If applicable to this request, I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use the list of individuals obtained from this request for commercial purposes. If applicable, I also acknowledge that I am solely responsible for any consequences or damages arising from my commercial use of the list of individuals I am obtaining. I understand that the County does not guarantee the accuracy or completeness of electronic records. If you believe that you are entitled to information, which was not released, or that the information furnished has been incorrectly redacted or is incomplete, you may file a written appeal with the corresponding departments public records officer. The appeal must include your name and address, a copy of this form, together with a brief statement identifying the basis of the appeal and the written statement by the County agent which constituted or accompanied the denial.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY – Return completed form to the Public Records Officer

Date Received: _____ Response Required by: _____ Officer: _____

Dept. Receiving Request & Date: _____

Action Taken:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Notified records are available on: _____ If _____ | <input type="checkbox"/> Request to be denied. Sent explanation on: _____ |
| copies are requested and payment/deposit has been made, send copies. Inspection/copies sent on: _____ | |
| <input type="checkbox"/> Evaluation necessary. Est. days needed for final response: _____ Forward to elected official for review | <input type="checkbox"/> Record partially withheld. Notified requestor w/exemption cited and revised time line on: _____ |
| <input type="checkbox"/> Clarification needed from requestor. Requested clarification on: _____ | <input type="checkbox"/> No response from requestor for clarification/payment. Request closed and requestor notified on: _____ |

Appeal Decision: Denial approved-notified requestor in writing on: _____ Initials: _____

Denial overturned-notified requestor in writing on: _____ Initials: _____

If applicable, fees received on: _____ Date: _____