

Office of the City Clerk
625 S College Avenue
College Place, WA 99324
Ph – 509-394-8511
Email – lnessl@cpwa.us



Request No. _____
Date Due: _____
Extended To: _____
Extended To: _____

REQUEST FOR GENERAL (NON-POLICE) PUBLIC RECORDS

Please Print Clearly – Valid Contact Information Required

Name: _____ Email: _____

Mailing Address: _____

Home/Cell Ph #: _____ Work Ph#: _____

RECORDS REQUESTED: *(Please be as **specific and detailed** as possible in your description of the records you seek. Attach additional information, if necessary, to assist us in locating responsive records. Failure to provide sufficient information to identify the record(s) you seek may cause delays in satisfying your request.) Upon receipt of a request that is unclear, an agency may ask the requestor to clarify what information the requestor is seeking in order to produce responsive records.*

PLEASE READ AND ACKNOWLEDGE UPON SUBMITTING REQUEST

- Agencies must respond within five business days of receiving a public records request by: (1) providing the record; (2) acknowledging receipt of your request and either asking for clarification or providing a reasonable estimate of time the agency will require to respond; or (3) deny the request.
- I understand that if a list of individuals is provided to me, it will not be used for commercial purposes, to promote the election of an official, or promote or oppose a ballot proposition, as prohibited by law; nor is it construed as giving authority to give, sell or provide access to lists of individuals requested as prohibited by the Public Records Act.
- Further, I understand I will be charged for the documents/files received in this request according to the current City Fee Schedule. If an amount greater than \$_____ is reached, please contact me before going any further.

___ I wish to have copies / duplicates of the records indicated above. *(Fees may be charged in advance.)*

___ I wish to make an appointment to review the records indicated above before copies are made.

Signature of Requestor

Date of Request

INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY CITY STAFF

Date Received By City: _____ Original to City Clerk: _____ Copy to Department: _____

Responsible staff must advise the City Clerk within TWO working days if documents are not able to be produced within FIVE working days, and provide an estimated date of when documents will be available for production.

Date 5-Day Letter Sent: _____ Extension Letter Sent: _____ Extension Letter Sent: _____

Notes: _____

ACKNOWLEDGE RECEIPT OF RECORDS

Request Satisfied (Sign): _____ Printed Name: _____ Date: _____

City Representative: _____ Number of Copies: _____ Fee: \$ _____

This Request Was Satisfied on _____ Date By _____ Staff Member.

This Request Was: _____ Not Satisfied (explain below) _____ Denied (explain below)

Attach additional information if necessary.