



625 S College Ave
College Place WA 99324
(509) 529-1200

Payment / Deposit \$
Receipt No. Date
CCP Staff ID

AMOUNT DUE: \$

Request for Public Records or Information

Requests for public records are governed by RCW 42.56. Upon receiving a request for public records, the City will respond within five (5) business days by either providing the record or making an acknowledgement of the request and providing a reasonable estimate of time that will be required to approve or deny the request with specific reasons for the denial.

Requestor's Name: Date of Request:

Representing: Phone Number:

Address:

Public Documents Requested: Please describe SPECIFIC records you are requesting and any additional information that will help us locate them as quickly as possible.

How would you like the records to be provided? (Check all that apply)

- I will retrieve documents at City Hall
I would like to review the documents at City Hall
I want a copy of the requested records
I want to inspect the records, but do not want a copy
I want to inspect the records, select records to be copied.
Other:
Please mail the documents to me
I understand the fees may be charged in advance.

I hereby certify that the information obtained through this request will not be used for commercial purposes. I understand the charges that have been explained to me on this form and ask that if an amount greater than \$ is reached; I will be contacted before any more work is done.

Signature: Date:

Fee Schedule (subject to change) *Note: Outside services will be billed at actual cost incurred

Table with 4 columns: Item, Description, Size, *Black & white, *Color. Rows include General copies/scans, Maps/Photographs, Research/Archive Retrieval, Comprehensive Plan, Zoning Codes, Video/audio media, Special Reports, and Certification of Documents.

City Staff

Please complete all sections and return this form to the City Clerk no later than the close of the business day in which the request was received. **Please attach a copy of the information provided.**

Received By: _____ Date: _____ Respond By (date): _____

Requestor Contacted By: _____ Date: _____

Comments:

- Department Pre-approval Required
- City Administrator Pre-approval Required

Court Requests

Forward to the City Clerk within same day received.
Request will be fulfilled by the Municipal Court and released documents or Case No. _____ will be forwarded to the City Clerk.

Court Clerk Signature

All Other Requests

Forward to the City Clerk within same day received.
Request will be fulfilled by the _____ Department and released documents will be forwarded to the City Clerk.

Authorized Department Representative Signature:

City Clerk Use

Date Received: _____

City Clerk Initials: _____

Date Completed / Closed: _____

Forward to Department Head Date: _____

Forward to City Administrator Date: _____

Request Granted Request Denied By: _____

Comments:
