

112 N Main Street  
Montesano, WA  
98563



Ph. 360.249.3021  
Fax 360.249.3690

## REQUEST FOR PUBLIC RECORDS

-Requests must be sent to the address above -

Requester Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**RECORDS REQUESTED:** Please describe the SPECIFIC records you are requesting and any additional information that will help locate said records (dates, names, etc.). RCW 42.56.520 requires that response/action on a request for public records be taken within five (5) business days. The copy cost is \$0.15 per page. This amount will need to be paid to the City before copies (paper or scanned) are made. Copies of photographs, oversized documents, videos, CD's and other forms of reproduction are provided at the actual cost.

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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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>FOR OFFICIAL USE ONLY</b></p> <p>PRR #: _____</p> <p>Forwarded to: _____</p> <p>Respond by Date: _____</p> <p>Extension Date: _____</p> <p><b>Action Taken</b> _____ Date: _____</p> <p><input type="checkbox"/> Approved, request fulfilled.</p> <p><input type="checkbox"/> Forward to City Attorney for review.</p> <p><input type="checkbox"/> Record partially withheld. Notified Requester with reason.</p> <p><input type="checkbox"/> Clarification needed from Requester. Contacted for clarification &amp; notified of revised estimate of when records will be available.</p> <p><input type="checkbox"/> Denied: Notified requester of reasons for denial.</p> <p><input type="checkbox"/> All copies and correspondence attached.</p>	<p>Date Received: _____</p>
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