



Date Received: _____

Received by: _____

Public Records Request Form

RCW Chapter 42.56 Public Records Act

Section 1. Must be completed by the requesting person, business, or agency.

Name (Print): _____ Agency: _____	
Address: _____	Daytime Phone: _____
City, State, Zip: _____	E-mail Address: _____

Record(s) Requested: This must describe an identifiable record or records. This form is not intended for general inquiries)

Action Requested: Inspection only _____ Copy _____

I agree to pay all copy charges pursuant to the City of Tieton's Fee Schedule and per RCW. If I have requested a list of names or businesses, I certify that the information obtained through this public disclosure request will NOT be used for commercial purposes. **RCW 42.56.070(9)**

Requestor Signature: _____ **Date:** ____ / ____ / ____

Section 2: To be completed by City:

Directed to: _____	Dept: _____	Respond by: ____ / ____ / ____
<input type="checkbox"/> The record was examined by requestor on-site on ____ / ____ / ____ . Signature: _____		
<input type="checkbox"/> The record was picked up in person. The amount of \$ _____ for _____ copies(or other format) was paid upon receipt. Signature: _____		
<input type="checkbox"/> Records were e-mailed to requestor on ____ / ____ / ____ . Signature: _____		
<input type="checkbox"/> Record(s) have been mailed and \$ _____ has been billed. (include charge for postage and handling)		
<input type="checkbox"/> Portions of the record(s) are exempt from disclosure and have been redacted. (See reverse.)		
<input type="checkbox"/> The record you requested is exempt from disclosure by law. (See reverse.)		
<input type="checkbox"/> Additional time is necessary to process your request. RCW 42.56.520. (See reverse.)		
<input type="checkbox"/> No identifiable record can be located.		

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_____ **The document(s) you requested are exempt and/or portions of the document(s) you requested are redacted for the following reason(s):**

- _____ 1. Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers and emergency contact information of employee or volunteers of a public agency and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers of a public agency that are held by any public agency in personnel records. **RCW 42.56.250(3)**
- _____ 2. Attorney-client privileged communication(s) and/or attorney work product. **RCW 42.56.070(1); RCW 5.60.060(2)(a); RCW 42.56.290; CR 26(b)(4).**
- _____ 3. Personal information in files maintained for employees, appointees or elected officials to the extent disclosure would violate their right to privacy. **RCW 42.56.230(2)**
- _____ 4. Other: _____

_____ **In accordance with RCW 42.56.520 additional time is needed to clarify the intent of the request, locate and assemble the information requested, notify third persons/agencies affected by the request, and/or determine whether any of the information requested is exempt and that a denial should be made to any or all parts of the request.**

We anticipate (additional) documents, if any, will be released on: _____ / _____ / _____

_____ **This is a partial or installment release. If payment is not received or the records are not claimed, the City is not obligated to fulfill the balance of this request. RCW 42.56.120.**

If you have any questions or concerns about your Public Records Act Request, please call the City Clerk's Office at (509)673-3162 or e-mail jktieton@centurytel.net

This form was completed for the City of Tieton by: _____ on _____ / _____ / _____
Signature Date

Please note: Local governments are not required to create new documents to comply with the Public Records Act.