

PRR # _____

PUBLIC RECORDS REQUEST

RCW 42.17



Persons wishing to inspect or copy City records shall first make such request to the Clerk-Treasurer. The provision shall not unreasonably disrupt the normal operations of the Clerk-Treasurer, the department, or the assisting employee (AHMC 2.28.070). Within five (5) business days of receiving a request for a public record, the City must respond by either:

- Providing for inspection and/or copying of the record;
- Acknowledging receipt of the request and providing a reasonable estimate of the time necessary to respond; or
- Denying the request. If the request is denied, a written statement must accompany the denial setting out the specific reasons therefor.

Requested by: _____

Address: _____

Phone No.: _____ Work No.: _____

<u>Item #</u>	<u>Record/Document Title</u>	<u># Pages</u>	<u>View or Copy?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTICE: Information request is for copy services only. No research services, opinions or determinations shall be made or offered in regard to the documentation provided. Staff will not make any official statement or answer questions other than those required to complete the photocopying process.

NOTICE: Approved request allows you to "view" the information you are requesting on premises. Should you desire "copies" of any documentation, there will be a charge for each copy and in some cases additional charges. If it should be determined that additional charges are required, the City may require a deposit prior to completion of your request. No information will be released without the approval of the City Manager. You will be notified when the information will be available. Please sign below to acknowledge you have read these instructions.

Signature Date

Please return the completed form to:
City of Airway Heights
1208 S Lundstrom Street, Airway Heights, WA 99001-9000

Office Use Only

[] APPROVED [] DISAPPROVED

Approving Officer Name and Title

Date

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**Route to:**

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

[ ] Fire [ ] Police [ ] Finance [ ] Executive

[ ] Building [ ] Code [ ] Planning [ ] Public Works

[ ] Court [ ] Civil Service [ ] Comm Center [ ] Recreation

[ ] Legal [ ] Other: \_\_\_\_\_

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Information reviewed/prepared by: _____ Date: _____

Staff Remarks:

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**Charges:**

\_\_\_\_\_ copies at \_\_\_\_\_ per page = \$ \_\_\_\_\_

Other additional charges \$ \_\_\_\_\_

Description of other charges:

Receipt No.: \_\_\_\_\_

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Date of Notification: _____ Method: _____ By: _____

Acknowledgment: *I hereby acknowledge receipt of the information requested.*

Date Received: _____ Signature: _____

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Please return this form to the Receptionist when completed.