

PRR # _____

PUBLIC RECORDS REQUEST

RCW 42.56



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 _____ Email _____

No.: _____ Addr: _____

Identification/Description of Record(s) Sought	Hard/Email Copy?
_____	_____
_____	_____
_____	_____
_____	_____

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.

I understand that the City may not legally provide a list of individuals pursuant to this public records request if the request is for commercial purposes. Therefore, I certify that any list of individuals obtained through this request will not be used for commercial purposes (RCW 42.56.070(9))

Signature _____ Date _____

Please return the completed form to: City of Airway Heights
1208 S Lundstrom Street
Airway Heights WA 99001-9000
Fax 509-244-3413

Office Use Only

[] APPROVED [] DISAPPROVED

Approving Officer Name and Title Date

Route to:

Date: _____

- | | | | | | | | |
|--------------------------|----------|--------------------------|---------------|--------------------------|-------------|--------------------------|--------------|
| <input type="checkbox"/> | Fire | <input type="checkbox"/> | Police | <input type="checkbox"/> | Finance | <input type="checkbox"/> | Executive |
| <input type="checkbox"/> | Building | <input type="checkbox"/> | Code | <input type="checkbox"/> | Planning | <input type="checkbox"/> | Public Works |
| <input type="checkbox"/> | Court | <input type="checkbox"/> | Civil Service | <input type="checkbox"/> | Comm Center | <input type="checkbox"/> | Recreation |
| <input type="checkbox"/> | Legal | <input type="checkbox"/> | Other: _____ | | | | |

Information reviewed/prepared by: _____ Date: _____

Staff Remarks:

Charges:

_____ copies at _____ per page = \$ _____

Other additional charges \$ _____

Description of other charges:

Receipt No.: _____

Date of Notification: _____ Method: _____ By: _____

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

Date Received: _____ Signature: _____

Please return this form to Finance when completed.