



REQUEST TO INSPECT OR COPY Public Records

PO Box 3005, Elma, WA 98541
Phone: 360-482-2212 * Fax 360-482-4960

Today's Date: _____ Requester Name: _____

Address, City, State, Zip: _____

Email: _____ Cell: _____ Fax: _____

Requestor Company: _____

It is the policy of the City of Elma that ALL records are available for public disclosure unless specifically exempted. This form will be used to process requests and ensure compliance with our policy and Washington State's Public Records Act (Chapter 42.56 RCW)

DESCRIBE SPECIFIC RECORDS REQUESTED IN DETAIL. INCLUDE HELPFUL INFORMATION SUCH AS DOCUMENT TITLES, SPECIFIC DATES, TIMES, NAMES, AND ADDRESSES TO ALLOW CITY STAFF TO MORE EFFECTIVELY LOCATE DOCUMENTS PERTAINING TO YOUR REQUEST.

"Responses to requests for public records shall be made promptly by agencies. Within five business days of receiving a public records request, an agency must respond be either (1) providing the record; (2) acknowledging that the agency has received the request and providing a reasonable estimate of the time the agency will require to respond to the request; or (3) denying the public record request. In acknowledging receipt of a public record request that is unclear, an agency may ask the requestor to clarify what information the requestor is seeking. If the requestor fails to clarify the request, the agency need not respond to it."

RCW 42.17.320 (in part)



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I agree to prepay all duplication charges associated with my request. Upon locating responsive documents, I request:

Onsite Inspection _____
Receive a Print Copy _____
Receive Electronic Copy (when possible) _____

IS THE INFORMATION REQUESTED FOR COMMERCIAL PURPOSES? YES _____ NO _____

Limitation On Use For Commercial Purposes Washington State law, RCW 42.56.070(8), prohibits the use of lists of individuals for commercial purposes. "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. By signing below, you are certifying that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Requester Signature: _____ Printed Name: _____

Date: _____ City and State: _____

For City Staff Use Only:

Date Received: _____ Comments: _____

Request Denied: Yes _____ No _____

Copies Provided: Yes _____ No _____ Fee \$ _____ Total \$ _____

Request completed by: _____ Date Completed: _____