OKANOGAN COUNTY BUILDING DEPARTMENT
DAN HIGBEE, BUILDING OFFICIAL
123 NORTH 5TH - SUITE #115
OKANOGAN, WA 98840
(509) 422-7110 FAX (509) 422-7220

REQUEST FOR PUBLIC RECORDS

Requestor's Name:_____

Mailing Address:_____-_____
Street City State Zip

Daytime Phone:_____**Email**:_____

I wish to [ ] inspect [ ] receive a copy of the following specific record(s):

[ ] * Monthly Building Report [ ] * Copies of Monthly Building Permits

[ ] Other (please be as specific as possible) _____

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the State of Washington that the information obtained through this request will not be used for commercial purposes. I understand and acknowledge that Okanogan County does not warrant the accuracy or completeness of information contained in public records or any data provided electronically.

_____ _____
Signature ***Date***

- **Monthly Reports and Copies of Monthly Building Permits are disseminated upon completion of data and information gathered, collected, and entered for formatting. These reports can not be guaranteed on a monthly basis or by a certain date each month as they are generated only as time allows.**
- **Within five business days of receipt of the request, the Public Records Coordinator or designee will do one of the following: (1) Make the records available for inspection or copying. (2) Send copies to requestor if payment has been received. (3) Provide a reasonable estimate when records will be available. (4) Contact requestor to request clarification. (5) Deny the request citing reason for denial.**
- **Copy and postage fees must be paid prior to records being sent.**

Office Use Only		
Date Rec'vd ***By:***	***Request #:***	
Request Made by [ ] Mail [ ] In Person [ ] Phone [ ] Fax [ ] Mail [ ] Email		
Responded To By:	Date:	Time:
By [ ] Mail [ ] In Person [ ] Phone [ ] Email	[ ] Approved [ ] Do not have the Records [ ] Deny Access	
Action:		
I have made the response as stated. Signature: Date:		