



REQUEST FOR PUBLIC RECORDS

All Public Records Requests will be reviewed and processed according to Okanogan County Commissioner's Resolution 9-99 and the Washington State Public Disclosure Act, RCW 42.17.250

Person Requesting Records

Name: _____
 Company/Agency: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Email: _____

Records Requested

Conditions for Release or Review of Public Records

I understand that any lists of individuals provided to me by the Office of Planning and Development will not be used for any commercial purpose by myself or any other person, business, or organization I represent, or give or provide access to material to others for commercial purposes as prohibited by RCW 42.17.260(9)

If I wish to inspect or review records, I agree to the following conditions: I will not remove the records from the designated area. I will not mark or alter the records in any way. I will not destroy or deface the records in any way including writing on, folding or folding anew if in folded form, tracing or fastening with clips or other fasteners except those that already exist in the file. I will not cut or manipulate records in any way. I will keep the records in the order received. I will return the records to the department when no longer needed by me and no later than the end of regular business hours.

Signature of Person Requesting Records _____

Date _____

The minimum charge for copies is \$.15 per imprint. Other media may require an additional charge.

Checks should be made payable to Okanogan County Planning & Development Department

Office Use Only

Staff Member Receiving Request		Date		Number of Copies: _____ Other: _____ Total: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check: # _____
Date Person Contacted:	_____			
Date Request Completed:	_____			
Comments:				

APPROVED BY: _____

Date: _____