

OKANOGAN COUNTY – REQUEST FOR PUBLIC RECORDS

Requester's Name: _____

Mailing Address: _____ Street _____ City _____ State _____ Zip _____

Daytime Phone Number: _____ Email: _____

Description of records (Please be as specific as possible. If known, include author, recipient, title, date or date range, etc.)

List each Department, Office or Official having custody of the records requested:

After the County retrieves the requested records, I request:

Inspection Only Copy All Inspection, then copy selected pages
(Standard copies are 15 cents per page. There is no charge to inspect documents)

Date desired: _____ [Most requests are filled within five business days]

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. I understand that if I object to the county's response to my records request, I may request in writing (including email) to have the prosecutor review the response. The request shall explain the objection, and identify the response or decision I would like reviewed. OCC 2.88.070, WAC 44-14-080.

Date Place Signature

| FOR USE BY PUBLIC RECORDS OFFICER | | |
|-----------------------------------|-------|----------|
| | DATE | INITIALS |
| DATE RECEIVED: | _____ | _____ |
| FIVE-DAY NOTICE SENT | _____ | _____ |
| REQUEST APPROVED/SATISFIED: | _____ | _____ |
| REQUEST DENIED: | _____ | _____ |
| EXEMPTIONS STATEMENT: | _____ | _____ |