

CITY OF SPRAGUE PUBLIC RECORDS REQUEST FORM

Request Date _____

Response Due: _____

(Request Date + 5 business days)

It is our policy that ALL records are available for public disclosure unless specifically exempted. This form will be used to expedite requests and insure compliance with our policy and Washington State public disclosure laws.

REQUESTOR: (Please Print)

Name: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Describe the Records or Information Requested:

1. _____
2. _____
3. _____
4. _____

I, the undersigned, do declare: I understand the use of public documents containing lists of individuals for commercial purposes violates Washington State law and the privacy of the individuals. "Commercial purposes" means contacting or affecting such individuals to facilitate, in any manner, for a profit-making activity. Therefore, I agree not to use the information requested nor allow others to use it for such purposes.

Requestor's Signature: _____ Date: _____

RESPONSE (Response MUST be made within 5 working days of request)

Department: _____ Record released by: _____ Date: _____

- _____ A. Record or information not available as requested.
- _____ B. Record or information available for inspection on _____ during normal working hours.
- _____ C. Copies available upon payment of copy fees totaling \$ _____. (\$.15 per page)
- _____ D. Requested information not available at this time. Estimated availability in _____ days.
- _____ E. Unable to process request as described; please clarify request by being more specific.
- _____ F. Request denied – record or information exempt from Public Disclosure.

Cite basis for denial: _____

Department Head or designee

Date