



REQUEST FOR PUBLIC RECORDS

Per: Chelan County Code 1.376.060 (2) and Public Records Act RCW 42.56
Public Records Officer, Chelan County Dept. of Community Development
316 Washington Street, Suite #301, Wenatchee, WA 98801
Ph: 509-667-6225; Fax: 509-667-6475
Email: CDPublicRecords@co.chelan.wa.us
Website: www.co.chelan.wa.us

Requester's name: _____
Mailing address: _____
Phone number: _____
Email address: _____
Date submitted: _____

Date Stamp Here

Please describe the **SPECIFIC** public record(s) you are requesting and any additional information that will help us locate said records for example: **file number(s), file name(s), address, parcel number, date(s)** and any **specific portions of particular interest**. Please attach an additional sheet if necessary. Copying costs apply.

Please check the relevant box below; **payment** for copies and delivery fees are required **BEFORE** release:

- Mail copies; Hold copies for in-office pick-up;
- Make the files listed above available for in-office review
- E-mail digital copies to this address: _____
- Fax to this number: _____

I understand that Washington State Law [(RCW 42.56,070(9))] prohibits and that the *Chelan County Code Title 1.376.060* requires an additional statement if the use of lists of individuals for commercial purposes. If applicable to this request, I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use the list of individuals obtained from this request for commercial purposes. If applicable, I also acknowledge that I am solely responsible for any consequences or damages arising from my commercial use of the list of individuals I am obtaining.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY -Return Completed Form to the Public Records Officer

DATE RECEIVED: _____ RECEIVED BY: _____
Response Required By: _____ (Business days)

- ACTION TAKEN:**
- Notified/Called requester. State reason: Approved Clarification Denied (Exemption)
 Other Date of Action: _____
 - All documents attached as requested
 - Request additional time to complete this request. Projected completion date _____
 - No identifiable record can be located

Action completed by: Name _____ Reply Date _____

Fees collected: \$ _____ Receipt Number: _____ Date of Receipt: _____