



CHELAN COUNTY
DEPARTMENT OF COMMUNITY DEVELOPMENT
 316 WASHINGTON STREET, SUITE 301, WENATCHEE, WA 98801
 TELEPHONE: (509) 667-6225 FAX: (509)667-6475

PUBLIC RECORDS DISCLOSURE REQUEST FORM

Requester's Name: _____
 Mailing Address: _____ City/State/Zip: _____
 E-mail: _____ Phone: _____

Please describe the specific public record(s) you are requesting and reference file #, address, if known.

Additional Pages Attached

I understand that Washington State Law (RCW 42.56.070(9)) prohibits and that the Chelan County Code Section 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.

Requester's Signature: _____ **Date:** _____

Completed request may be emailed to CDPublicRecords@co.chelan.wa.us

⤵ FOR OFFICIAL USE ONLY ⤵

File #: PRDR _____ - _____ **Response Required By:** _____ (5 Business Days from Date Received)
Date Received: _____ **Received By:** _____
 Document(s) provided to requester **Initials:** _____ **Date:** _____
 Scanned document(s) provided into Tracking System **Initials:** _____ **Date:** _____
 Fees Collected: \$ _____ **Receipt Number:** _____ **Receipt Date:** _____
 Return Form to Public Records Officer
 Public Records Request Completed **Initials:** _____ **Date:** _____