

Administrative Records Request Form

Pursuant to General Court Rule 31.1

Requestor Information:

Printed Name: _____

Last

First

MI

Address: _____

Street

City

State

Zip Code

Telephone: () _____ () _____ FAX: () _____

E-mail Address: _____

Signature: _____

Description of Requested Record (s). It is important to be as specific as possible as to name, location, date, and type of record requested. Please use additional sheets as necessary.

This is a request to inspect the records identified above.

This is a request for copies of the records identified above.

Other:

Explain please _____

Procedures:

(1) The Public Records Officer (PRO) will respond within five (5) working days from receipt of this administrative records request. If the PRO does not respond within five (5) working days, please contact the District Court to determine the reason for the failure to respond.

(2) The procedures, the fee structure for providing records and the process for appealing the decisions of the Public Records Officer regarding exemptions, redaction and identification of the records can be found at <http://www.co.chelan.wa.us/district-court>. If you would like a printed copy of the procedures, please contact the public records officer using the information noted below.

Public Records Officer:

Name: DIANE MORAN

Phone: 509-667-6392

Fax: 509-667-6456

E-mail Address: Diane.Moran@co.chelan.wa.us

Request Received: _____ at _____ AM/PM

By: _____