

## David E. Griffiths CHELAN COUNTY TREASURER

350 Orondo Ave, Suite 203 – Post Office Box 1441 Wenatchee, WA 98801 Phone: 509-667-6405 Fax: 509-667-6488 http://www.co.chelan.wa.us/treasurer

## **PUBLIC RECORDS DISCLOSURE REQUEST FORM**

Requ	uester's Name:			
	ing Address:			
City,	State, Zip:	Phone: _		
	cription of requested record(s): Please ber, document title, date, or any additio		•	
□ Ad	dditional information on attached sheet(s).			
I wo	ould like to:			
□ In	nspect the records at no charge (I may re	equest copies after ins	pection).	
□R	eceive copies of the records. If number	of copies is 35 pages	or more, copy charge must b	эe
	paid at a rate of \$0.15 per page.	1 1 3		
R	eceive records in an electronic format th	at the Treasurer's Off	ice is capable of providing.	
comr the I facilit throu	derstand that Washington State Law, RCW mercial purposes. "Commercial purposes" makes will be used to communicate with the tating profit-expecting activity. By signing bugh this request will not be used for comequences or damages arising from my commended.	neans that the person re e individuals named in pelow, I acknowledge th nmercial purposes, and	equesting the records intends the the record for the purpose at the lists of individuals obtain I am solely responsible for a	ha o ne
Requ	ester's Signature		Date	
FOR TREASURER'S USE	DATE REQUEST RECEIVED	Initials:	Date:	
	RESPONSE SENT WITHIN 5-DAYS	Initials:	Date:	
	REQUEST APPROVED / DENIED (circle one)	Initials:	Date:	
	FEES COLLECTED (if applicable) Amount: \$			
	Receipt #:	Initials:	Date:	
	DOCUMENT(S) PROVIDED TO REQUESTER	Initials:	Date:	
	SCANNED & SAVED FOR RETENTION	Initials:	Date:	