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PUBLIC RECORDS REQUEST

Please describe the records you are requesting and provide any additional information to help locate the records as quickly as possible. Use appropriate document author, title and date, if known. Attach additional pages if necessary.

After requested records are retrieved, I would like to:

- Inspect the records at no charge (I may request copies after inspection)
- Receive copies of the records via **mail** or **pickup** (*circle one*), after paying required copying charges of 0.15 per page and postage if request is mailed.
- Receive electronic copies via **mail** or other (specify: _____)

Limitation On Use For Commercial Purposes: Washington State Law, RCW 42.56 prohibits the use of lists of individuals for commercial purposes. "Commercial purposes" means that the person requesting the records intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. By signing below, you are certifying that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Name

Mailing Address

City, State, Zip

Phone

E-mail

Signature _____ Date _____

FOR ASSESSOR'S USE ONLY		
DATE RECEIVED:		
REQUEST NUMBER:		
	DATE	INITIALS
FIVE-DAY NOTICE SENT:	_____	_____
REQUEST APPROVED:	_____	_____
REQUEST DENIED:	_____	_____
EXEMPTION STATEMENT:	_____	_____
REQUEST SATISFIED/CLOSED:	_____	_____