Chelan County Auditor Public Records Request Form

350 Orondo Ave, Suite 202 Wenatchee, WA 98801 (509) 667-6800

Email: AuditorRecords.Coordinator@co.chelan.wa.us

Pursuant to RCW 42.56 Washington State Public Records Disclosure Act, I request to review or receive a copy of records maintained by the Chelan County Auditor's Office and do assert my identity to be: (Please PRINT all information)

Name of Requestor:			
		Cell Phone:	Residential Phone:
		List specific records you are requesting:	
How would you like to receive a response	?		
Mail to Address Listed Above	Send to Email Address Listed Above		
☐ Call Cell Number or Residential Numb ☐ Other:	er for Pickup (please identify number preference)		
of lists of individuals for commercial purprequesting the records intends that the linamed in the record for the purpose of fac acknowledge that the lists of individuals	I understand that RCW 42.56.070(8) prohibits the use poses. "Commercial purposes" means that the person st will be used to communicate with the individuals illitating profit-expecting activity. By signing below, I sobtained through this request will not be used for bonsible for any consequences or damages arising from ls I am obtaining.		
Signatura	Data		