



PACIFIC COUNTY

ATTACHMENT C

1216 W. Robert Bush Drive/P O Box 187 South Bend, WA 98586
(360) 875-9337 / (360) 642-9337 / (360) 484-7337 / (360) 267-8337
TDD: (360) 875-9400 / FAX: (360) 875-9335

REQUEST # _____

PUBLIC RECORDS REQUEST FORM

Requestor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Do you wish to: Inspect the records Receive copies; willing to pay up to the amount indicated: \$ _____

RECORDS REQUESTED: Please describe the **SPECIFIC** records you are requesting and any additional information that will help us locate said records (dates, names, etc.) RCW 42.56.520 requires that response/action on a request for public records must be taken within five (5) business days. (Please attach and sign pages if additional space is needed)

Parcel #: _____ Legal Description : _____

Property Owner(s): _____

I understand that Washington State Law (RCW 42.56.070(9)) prohibits 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.

Signature: _____ Date: _____ Place of Signing: _____

FOR OFFICIAL USE ONLY

Date Received: _____ Response Required by: _____

Request forwarded to: _____ Date forwarded: _____

Action Taken

- Pacific County Public Records Request Policy provided, date: _____
- Approved; request fulfilled. Notified Requestor records are available and where. If copies requested and payment or deposit on payment has been made; date copies mailed/delivered: _____
- Request to be denied; IMMEDIATELY forward to Prosecuting Attorney for review.
- Record partially withheld. Notified Requestor with reason for partial withholding listing exemption(s) cited. Copy of letter attached.
- Evaluation necessary. Estimate _____ days needed for final response. Notified Requestor. Copy of letter attached.
- Clarification needed from Requestor. Contacted for clarification & notified of revised estimate of when records will be available. Copy of letter attached.
- DENIAL APPROVED: Department to notify Requestor by mail of reasons for denial.

ACTION RECOMMENDED BY PROSECUTING ATTORNEY

Comment: _____

Signature: _____ Date: _____