

PRR # \_\_\_\_\_

# PUBLIC RECORDS REQUEST

RCW 42.56



Persons wishing to inspect or copy City records shall first make such request to the Clerk-Treasurer. The provision shall not unreasonably disrupt the normal operations of the Clerk-Treasurer, the department, or the assisting employee (AHMC 2.28.070). Within five (5) business days of receiving a request for a public record, the City must respond by either:

- Providing for inspection and/or copying of the record;
- Acknowledging receipt of the request and providing a reasonable estimate of the time necessary to respond; or
- Denying the request. If the request is denied, a written statement must accompany the denial setting out the specific reasons therefor.

Requested by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Addr: \_\_\_\_\_

| Identification/Description of Record(s) Sought | Hard/Email Copy? |
|--|------------------|
| _____  | _____            |
| _____  | _____            |
| _____  | _____            |
| _____  | _____            |

**NOTICE:** Approved request allows you to "view" the information you are requesting on premises. Should you desire "copies" of any documentation, there will be a charge for each copy and in some cases additional charges. If it should be determined that additional charges are required, the City may require a deposit prior to completion of your request. No information will be released without the approval of the City Manager. You will be notified when the information will be available. Please sign below to acknowledge you have read these instructions.

*I understand that the City may not legally provide a list of individuals pursuant to this public records request if the request is for commercial purposes. Therefore, I certify that any list of individuals obtained through this request will not be used for commercial purposes (RCW 42.56.070(9))*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to: City of Airway Heights  
1208 S Lundstrom Street  
Airway Heights WA 99001-9000  
Fax 509-244-3413

**Office Use Only**

[ ] APPROVED [ ] DISAPPROVED

\_\_\_\_\_  
Approving Officer Name and Title

\_\_\_\_\_  
Date

**Route to:**

Date: \_\_\_\_\_

[ ] Fire [ ] Police [ ] Finance [ ] Executive

[ ] Building [ ] Code [ ] Planning [ ] Public Works

[ ] Court [ ] Civil Service [ ] Comm Center [ ] Recreation

[ ] Legal [ ] Other: \_\_\_\_\_

Information reviewed/prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Remarks:

**Charges:**

\_\_\_\_\_ copies at \_\_\_\_\_ per page = \$ \_\_\_\_\_

Other additional charges \$ \_\_\_\_\_

Description of other charges:

Receipt No.: \_\_\_\_\_

Date of Notification: \_\_\_\_\_ Method: \_\_\_\_\_ By: \_\_\_\_\_

Acknowledgment: *I hereby acknowledge receipt of the information requested.*

Date Received: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return this form to Finance when completed.