

CITY OF TOPPENISH

21 West First Avenue
Toppenish, WA 98948

"Where the West Still Lives"

DATE STAMP:

RECEIVED BY: _____

PUBLIC RECORDS REQUEST FORM RCW CHAPTER 42.56 PUBLIC RECORDS ACT

SECTION 1. To be completed by the requesting person, business, or agency.

Name: (print) _____ Agency: _____

Address: _____ Daytime Phone: _____

City, State, Zip: _____ Cell Phone: _____

Record(s) requested This must describe an identifiable record(s). This form is not intended for general inquiries. Please provide a description sufficient to enable a City employee to locate the requested record.

Action requested (select one): Inspection Copy Electronic Copy (Email) _____

Desired Audio/Video format, if applicable: CD DVD

I agree to pay the following fees, if applicable: 15¢ per copy page, 10¢ per page scanned into electronic format, .05¢ per every 4 pages delivered electronically, \$10.00 per CD/DVD; \$15.00 per Fire Report; and/or \$15.00 per Insurance Company Request.

If I have requested a list of individuals, I certify that the information obtained through this public disclosure request will not be used for commercial purposes. RCW 42.56.070(9).

Requestor Signature: **X** _____ Date: ____/____/____

SECTION 2: To be completed by City Personnel.

- No identifiable record can be located.
- The record you requested is exempt from disclosure by law. (See reverse)
- Additional time is necessary to process your request. RCW 42.56.520. (See reverse)
- The records were picked up in person. Signature: _____
- The amount of \$_____ for _____ copies was paid upon receipt.
- Billed \$_____ for _____ copies, record(s) will be mailed upon receipt of payment.
- Portions of the record(s) are exempt from disclosure and have been redacted. (See reverse)

RCW CHAPTER 42.56 PUBLIC RECORDS ACT

- The document(s) you requested are exempt and/or portions of the document(s) you requested are redacted for the following reasons:
 - 1. Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers and emergency contact information for employee or volunteers of a public agency and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers and emergency contact information of dependents of employees or volunteers of a public agency that are held by any public agency in personnel records. **RCW 42.56.250(3)**
 - 2. Attorney-client privileged communication(s) and/or attorney work product. **RCW 42.56.070(1); RCW 5.60.060(2)(a); RCW 42.56.290; CR 26(b)(4)**
 - 3. Personal information in files maintained for employees, appointees or elected officials to the extent disclosure would violate their right to privacy. **RCW 42.56.230(2)**
 - 4. See exemption log.
 - 5. **Other** _____

- In accordance with RCW 42.56.520 additional time is needed to clarify the intent of the request, locate and assemble the information requested, notify third persons/agencies affected by the request, and/or determine whether any of the information requested is exempt and that a denial should be made to any or all parts of the request.
- I anticipate (additional) documents, if any, will be released on _____.
- This is a partial or installment release. If payment is not received or the records are not claimed, the City is not obligated to fulfill the balance of this request. RCW 42.56.120.**

If you have any questions or concerns about your Public Records Request, please call the Public Records Officer at (509) 865-6754 or e-mail publicrecords@cityoftoppenish.us

This form was completed for the City of Toppenish by _____ on ____/____/____.
SignatureDate

PLEASE NOTE:

Local governments are not required to create new documents to comply with the Public Records Act.