



2 N Ash Street  
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 Omak, WA 98841  
 (509) 826-1170  
 Fax: (509) 826-6531

**PUBLIC RECORDS REQUEST  
 (RCW 42.56)**

DEPARTMENT: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**IDENTIFICATION/DESCRIPTION OF RECORD(S) SOUGHT:** Please be as specific as possible when completing your public records request. We will be better able to process your request if you clearly identify the record(s) you are seeking.

The City has no duty to create a record, nor is the City obligated to compile information from various records so that the information is in a form that is more useful to the requestor.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 purpose. Therefore, I certify that any list of individuals obtained through this request will not be used for commercial purposes (RCW 42.56.070(8))

Signature: \_\_\_\_\_

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