Chelan County Public Works Department
PUBLIC RECORDS REQUEST

Requester's Name: _____

Mailing Address: _____
Street City State Zip

Daytime Phone Number: _____ **Email:** _____

Description of records (Please be as specific as possible. If known, include author, recipient, title, date or date range, etc.]

_____

_____

_____

_____

_____

After the Public Works Department retrieves the requested records, I request:

[ ] Inspection Only [ ] Copy All [ ] Inspection, then copy selected pages

Date desired: _____ [Most requests are filled within five business days]

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the State of Washington that the information obtained through this request will not be used for commercial purposes. I understand and acknowledge that Chelan County Public Works Department does not warrant the accuracy or completeness of information contained in public records or any data provided electronically.

_____	_____	_____
Date	**Place**	**Signature**

FOR USE BY PUBLIC RECORDS OFFICER

	DATE	**INITIALS**
DATE RECEIVED:	_____	_____
FIVE-DAY NOTICE SENT:	_____	_____
REQUEST APPROVED/SATISFIED:	_____	_____
REQUEST SATISFIED:	_____	_____
REQUEST DENIED:	_____	_____
EXEMPTION STATEMENT:	_____	_____