Attachment "B"

OKANOGAN COUNTY – REQUEST FOR PUBLIC RECORDS

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.)

_____

_____

_____

List each Department, Office or Official having custody of the records requested:

_____

After the County retrieves the requested records, I request:

[ ] Inspection Only [ ] Copy All [ ] Inspection, then copy selected pages
(Standard copies are 15 cents per page. There is no charge to inspect documents)

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 Okanogan County does not warrant the accuracy or completeness of information contained in public records or any data provided electronically. I understand that if I object to the county's response to my records request, I may request in writing (including email) to have the prosecutor review the response. The request shall explain the objection, and identify the response or decision I would like reviewed. OCC 2.88.070, WAC 44-14-080.

_____	_____	_____
Date	Place	Signature

FOR USE BY PUBLIC RECORDS OFFICER

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