

TOWN OF WILKESON

540 Church Street/PO Box 89~Wilkeson, WA 98396
Phone: (360) 829-0790~Fax: (360) 829-4 292
Website: townofwilkeson.com

For Department Use

Date Received: _____ Date Closed: _____

Department: _____ Pg/Doc Total: _____

Fees Due: _____ Pd: _____

Request for Disclosure of Public Records

Full Name: _____ **Phone:** _____

Company/Agency: _____

Service Location: _____ **Start Date:** _____

Mailing Address: _____
City, State, Zip

Email: _____

Title of Record (if known):

Date of Record(s) (if known):

Location/Department (if known):

Please describe the records you are requesting with any additional information that will help us locate the records for you as quickly as possible. If more space is needed, please attach pages or include additional details and information in your cover letter or email.

Response Requested:

- I wish to make an appointment to review the records in person.
 I wish to receive copies/duplicates of the records indicated above. I understand that fees* may be charged for duplications of records per WMC Chapter 3.05. I would like to receive the records by having them:
 Sent to me by **Mail** Picked up **in person** Sent to me by **email** (if possible)

***Fees:** For a complete list of applicable fees see WMC Chapter 3.05. Postage/delivery services are charged at actual costs.

Paper Copies: Up to and including 11"x17", Grayscale/color copies are \$0.25/\$0.45 per page (including duplex pages).

Faxed Copies: Up to and including 11"x17", \$1.25/page-Cover page mandatory.

Scanned Copies: \$0.25/page

Acknowledgements:

I understand that per RCW 42.56.520, the Town of Wilkeson has five business days to respond to my request. If the information will not be available within five business days, an estimated date of completion will be given.

I understand per RCW 42.56.120 the Town of Wilkeson will charge for copies of records; the Town may require a deposit of up to 10% of the estimated charge at the time the request is submitted; and that full payment may be required prior to delivery of documents. In addition, per RCW 42.56.120, the Town may provide records on a partial or installment basis as they are assembled/readied for disclosure. In the event, I understand that the Town may charge for each part of the request as it is provided, and that if I do not claim or review any installment of records requested, the Town is not obligated to fulfill the balance of the request.

I understand that my request may contain information that is exempt from disclosure pursuant to specific exemptions contained in RCW 42.56 or other statutes. If this should be the case, I understand I will be notified in writing.

THE FOLLOWING PROVISION APPLIES ONLY TO REQUESTS FOR LISTS OF INDIVIDUALS:

I understand that RCW 42.56.070(9) prohibits the Town from disclosing lists of individuals for commercial purposes; "commercial purposes" means use of information to communicate with individuals(s) named in the record(s) for the purpose of facilitating profit-expecting activity. I understand that the use of said records for commercial purposes may violate the rights of the individuals named therein and may subject me to liability for such commercial use, by myself or others. Therefore, I hereby declare, under penalty of perjury, that I am not requesting lists of individuals for commercial purposes.

Signed (Type name if submitting via email)

Date

RETURN COMPLETED FORM TO ATTENTION: TOWN CLERK-TOWN OF WILKESON

Email: clerk@townofwilkeson.com Mail: PO Box 89 Wilkeson, WA 98396

In Person: Town Hall 540 Church Street, Wilkeson, WA 98396