

REQUEST for PUBLIC RECORDS from SKAGIT 911

Date _____

Requestor: Please complete the information in the yellow-shaded area.

Legal Full Name of Requestor _____ Contact Telephone _____

Address _____

From which Department / Agency are you requesting records? _____

Record(s) Requested (detailed description of identifiable public records): _____

ACTION REQUESTED: Inspection Copying (Copies will be made for \$0.15 per page or the actual cost of duplication / \$5.00 per CD. Submit a check to Skagit 911 for the mailing costs and copying costs before the copies will be mailed to you).

Mail the copies to me. Email the copies to me. My email address: _____

Notify me to pick up documents. (Copies will be made for \$0.15 per page or the actual cost of duplication / \$5.00 per CD. Submit check to Skagit 911 for copying costs before the copies can be released to you).

Requestor's Signature _____

REQUESTOR READ AND SIGN:

If my request is for a list of individuals, I certify that it will not be used for commercial purposes and that I will not give or provide access to the material to others for commercial purposes, as prohibited by RCW 42.56.070.

Requestor's Signature _____

Skagit911@co.skagit.wa.us

DEPARTMENT / AGENCY RESPONSE

PROCESSING YOUR REQUEST HAS BEEN DELAYED BECAUSE

____ We need additional information. (See REMARKS)

____ We need additional time to process your request. We anticipate being able to provide you with the requested records by _____.

____ Other (See REMARKS below)

FINAL DEPARTMENT / AGENCY RESPONSE

____ The record(s) you requested is/are available.

____ The record(s) you requested is/are available for inspection at _____.

____ The record is available with certain information deleted. (See REMARKS)

____ The record(s) you requested do not exist.

____ Your request to inspect or copy the record(s) has been denied, in whole or in part, for the reasons given in the REMARKS section.

Requestor Notified: in person by mail by email by phone Date: _____

____ Number of Copies _____ Copy Cost _____ Mailing Costs _____ Total Cost

Department Head / Elected Official Signature _____ Date _____

REMARKS: _____

Signature & Date of Employee Releasing Information to Requestor: _____

Signature & Date of Requestor Receiving Records: _____