

**GARFIELD COUNTY
REQUEST FOR PUBLIC RECORDS**

Today's Date _____ **Form Completed by:** _____

Requestor's Name : _____

Mailing Address: _____

Phone number where Requestor can be reached during day: _____

Received: In person by letter by fax email Other: _____

Description of records: (Please be as specific as possible. If known, include author, recipient, title, date or date range, etc. Attach additional sheet if necessary.)

Departments and Elected Officials subject to this request: (Please be specific):

Sheriff's Department Auditor Assessor Treasurer County Commissioners Prosecutor/Coroner Superior Court Clerk District Court Other: _____

Upon locating documents I request:

Inspection Only Inspection, then copy selected pages Copy All

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 that the county does not warrant the accuracy or completeness of data provided electronically.

Date: _____
_____ [signature of requestor]

FOR USE BY PUBLIC RECORDS OFFICER	<u>DATE</u>	<u>INITIALS</u>
DATE RECEIVED:	_____	_____
FIVE-DAY NOTICE SENT:	_____	_____
REQUEST SATISFIED:	_____	_____
EXEMPTION STATEMENT PROVIDED:	_____	_____
DECLARATION FOR NON-COMMERCIAL USE	_____	_____

COSTS RELATING TO PRODUCING REQUESTED DOCUMENTS

Number of pages to be copied: _____ (cost per page: \$.15)

Total costs of documents: \$ _____

Additional charges: (tapes, CDs, etc.) \$ _____

Total charges: \$ _____