

Town of Concrete
P.O. Box 39
45672 Main Street
Concrete, WA 98237
(360)853-8401



Public Records Request Form

Please describe the records you are requesting and provide any additional information to help locate the records as quickly as possible. Use appropriate document title and date, if known.

See attached sheet with additional request

Please complete the following:

Name: _____

Address: _____

Telephone: _____

Email: _____

Limitation On Use For Commercial Purposes

Washington State law, RCW 42.56.070(9), prohibits the use of list of individuals for commercial purposes. "Commercial Purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. By signing below, you are certifying that the lists of the individuals obtained through this request for public records will not be used for commercial purposes.

Action Requested

Inspection Copying (copies are \$0.15 per page) # of Copies ____ Electronic Version

Signature

Date

Request Received by: _____ Date: _____

This institution is an equal opportunity provider, and employer.

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Agency Response-Town
For Town Use Only

<u>Public Records Provided</u>	
Date Request Received: _____	Date Completed _____
Number of Pages: _____	x \$0.15 = \$ _____
Other Fees: _____	+ \$ _____
TOTAL CHARGE: \$ _____	

<u>Public Records Not Provided</u>				
<input type="checkbox"/> Requested Documents Not Found <input type="checkbox"/> Documents or Portions of Documents Exempt (see log below)				
Certain of the documents request are exempt from disclosure or contain exempt information that has been redacted (<input type="checkbox"/> additional exemption log attached)				
<u>Exempted Documents</u>				
<u>Document type/description</u>	<u>Date</u>	<u>Author/Recipient</u>	<u>Exemption/basis</u>	<u># of pages</u>

<u>Event Tracking</u>		
<u>Event</u>	<u>Dated</u>	<u>Initials</u>
Date Received: _____	_____	_____
Request Circulated: _____	_____	_____
Five – Day Notice Sent: _____	_____	_____
Date for First Installment: _____	_____	_____
Date for Completing Request: _____	_____	_____
First Installment Provided: _____	_____	_____
Other Installments Provided: _____	_____	_____
Response Completed: _____	_____	_____
Request to be managed by: _____	_____	_____

Signature of Notifying Employee: _____ Date: _____

How notified: ___ Phone ___ Mail ___ Left Message on Machine ___ Email

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