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/s 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. * See attached declaration

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

Public Records Provided

Date Request Received: _____ Date Completed_____
Number of Pages: _____ x $0.15 = $_____
Other Fees: _____ + $ _____

TOTAL CHARGE: $_____

Public Records Not Provided

☐ Requested Documents Not Found
☐ 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 (☐ additional exemption log attached)

Exempted Documents

Document type/description	Date	Author/ Recipient	Exemption/basis	# of pages

Event Tracking

Event	Dated	Initials
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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COMMERCIAL PURPOSE DECLARATION

You or your organization have requested a list of individuals from the Town of Concrete.

The Public Records Act (PRA) prohibits agencies from providing lists of individuals requested for a commercial purpose, unless specifically authorized by law. See RCW 42.56.707(8). The PRA authorizes agencies to require a requestor provide information as to the purpose of the request in order to establish whether inspection or copying would violate the statute. See RCW 42.56.080, and SEUI Healthcare 775NW v. State, 193 Wn. App 377 (2016).

In order to ensure RCW 42.56.070(8) is not violated, the Town of Concrete requires you to complete the following declaration.

1. I requested a list of individuals from the Town of Concrete. Specifically, I requested:

2. My request was made on behalf of:

Select one.

_____ Myself _____Organization or Business

If the request was made on behalf of an organization or business, please provide the organization/business name, mailing address, website address, and identify the purpose of the organization/business.

3. My request was made for the following purpose:

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4. There is no interest to generate profit, revenue, or financial benefit from using the list of individuals:

Select one.

_____ Yes _____ No

I certify under penalty of perjury under the laws of the State of Washington that the foregoing information is true and correct. I certify under penalty of perjury that I have read this form and I understand that a list of individuals cannot be provided to me or to my organization or business by a public agency if the list will be used for a commercial purpose. I certify under penalty of perjury that any list of individuals obtained through this request will not be used for a commercial purpose in violation of RCW 42.56.070(8).

Signed and dated this _____ day of _____, 20_____ at

_____, _____.
City/Town State

_____
Requestor Signature

_____ _____
Print Name Title

_____ _____
Phone Number Email

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