City of Cle Elum 119 West First Street Cle Elum, WA 98922



Telephone: (509) 674-2262 Fax: (509) 674-4097 www.cityofcleelum.com

PUBLIC RECORDS REQUEST

Requestor's Name:			
Address:			
City:	State:	Zip:	
Phone:			
DESCRIBE SPECIFIC RECORDS	REQUEST IN DET	ΓAIL:	
IS THE INFORMATION REQUESTI	ED FOR COMMERCIAL	PURPOSES? (YES ONO
FEES: There is no charge for copies 10 peach page will cost \$.25 for single-sided copies and media are priced accordingly.	opies on 8.5" x 11" or 8	.5" x 14" paper. Othe	er sized
Signature of Requestor:			
"Responses to requests for public record of receiving a public record request, an a acknowledging that the agency has received the agency will require to respond to the acknowledging receipt of a public record clarify what information the requestor is a need not respond to it." RCW 42.17.320	gency must respond by ved the request and pro request; or (3) denying request that is unclear, seeking. If the requestor	either (1) providing to oviding a reasonable the public record req an agency may ask	the record; (2) estimate of the time uest. In the requestor to
Official Use Only			
Official Use Only: STAFF PERSON who received Reque	est:		
Received DATE:		ИЕ:	A.M. or P.M.
Staff person who request was ROUTE		DATE:	
DATE Request was Filled: TOTAL FEES: \$	DATE Re <u>que</u> DATE Paid:	stor as Notified:	