



## City of Asotin

Phone: 509-243-4411

PO Box 517 121 Cleveland Street

Asotin WA 99402

Fax: 509-243-1223

### Public Records Request

**Date of Request:** \_\_\_\_\_

**Name of Requesting Party:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

The city needs to review this request to be certain we do not violate any of the applicable statutes, rules, or regulations regarding privacy rights & confidentiality by disclosure of the requested records or documents. RCW 10.97.050 requires the city to withhold some criminal record information from public disclosure. Other statutes may also require the city to withhold some information.

In order to assure prompt & complete response to your request please provide as specific a description as you can for the documents or records that you are requesting. (event, dates, names, etc.)

Your name & address are requested in order to assist us in responding to your request & to document our compliance with RCW 42.17. If you prefer not to give your name & address, bring a copy of this request with you when you check with our office regarding your request.

Pursuant to city policy & RCW 42.17.260(8) you will be charged .15 cents per page for copying.

The Revised Code of Washington states that records must be made available in a reasonable length of time. Depending on the complexity of the request, the City will endeavor to fill requests within 1-5 days. I hereby certify that if a list of individuals is obtained through this request the public records the information will not be used for commercial purposes.

#### Description of Documents or Records Requested

**Case Number(s):** \_\_\_\_\_ **Requestor's Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Type of Incident:** \_\_\_\_\_

**If this record concerns someone other than you, what is your relationship to this case?** \_\_\_\_\_

#### Description of Documents or Records Requested

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If you have been charged with a non-felony criminal offense, you will receive a copy of the police reports at your first appearance in court. If you are represented by an attorney in connection with such a charge, the City Attorney will send your attorney a copy of the police reports immediately upon receipt of Notice of Appearance at the City Attorney's office. This form is not required.*

**FOR OFFICIAL USE ONLY** **Date Received:** \_\_\_\_\_ **Received By:** \_\_\_\_\_ **Respond By Date:** \_\_\_\_\_