



City of Asotin

www.cityofasotin.org

Phone: 509-243-4411

PO Box 517

121 Cleveland Street

Asotin WA 99402

Fax: 509-243-1223

Public Records Request Form

Full Name: _____ **Date of Request** _____

Physical Address: _____ **City** _____ **State** _____

Mailing Address: _____ **City** _____ **State** _____

Phone: _____ **Fax:** _____ **E-mail Address** _____

Department from which department) s of identifiable public records.

Fire _____ Police _____ Public Works _____ WWTP _____ Building Department _____

Asotin Municipal Court _____ Budget Administrative Services _____ Human Resources _____

Description of Documents or Records Request

The more specific and detailed the more quickly it will be processed and delivered.

Delivery

_____ **E-mail** (free) Received electronic copies of the requested records when available. Records not available in electronic format will be mailed to you on paper at the rates below.

_____ **Flash Drives @ costs:** electronic files that are too large to transmit electronically, body cam, video's will be charged per flash drive.

_____ **Paper Copies** (\$.015 per page + postage) via mail to address above (_____ don't mail. I will pick up.)
Receive paper copies of the requested records. A deposit may be required.

_____ **Inspection** (free) Inspect the records requested in person at Asotin City Hall during normal office hours. At time of inspection, you can make requests for paper copies of documents you select (billed at the cost of \$.015 per page.)

Commercial Use: By Submitting this form, pursuant to RCW 42.56.070(9), I certify that I will not use any lists of individuals that I receive in response to this request for commercial purposes.

Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Date Received: _____ Via: Mail _____ In Person _____

Received By: _____ E-Mail _____ Sent to _____ Department for Research on Date _____

Respond By Date: _____ Phone _____ Date Request Completed _____

Date Department Responded: _____

Important: Save this form and email, or print and mail, to City of Asotin, PO Box 517, Asotin WA 99402. Please call the Public Records Officer if you do not receive a confirmation of receipt of your email within one business day