

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: _____ E-Mail: _____

DESCRIBE SPECIFIC RECORDS REQUEST IN DETAIL:

IS THE INFORMATION REQUESTED FOR COMMERCIAL PURPOSES? YES NO

FEES: There is no charge for copies 10 pages or less. If documents copies are 11 pages or more, each page will cost \$.25 for single-sided copies on 8.5" x 11" or 8.5" x 14" paper. Other sized copies and media are priced accordingly. The cost of mailing will also be charged to the requestor.

Signature of Requestor: _____

"Responses to requests for public records shall be made promptly by agencies. Within five business days of receiving a public record request, an agency must respond by either (1) providing the record; (2) acknowledging that the agency has received the request and providing a reasonable estimate of the time the agency will require to respond to the request; or (3) denying the public record request. In acknowledging receipt of a public record request that is unclear, an agency may ask the requestor to clarify what information the requestor is seeking. If the requestor fails to clarify the request, the agency need not respond to it." RCW 42.17.320 (in part)

Official Use Only:

STAFF PERSON who received Request: _____

Received DATE: _____ Received TIME: _____ A.M. or P.M.

Staff person who request was ROUTED TO: _____ DATE: _____

DATE Request was Filled: _____ DATE Requestor as Notified: _____

TOTAL FEES: \$ _____ DATE Paid: _____