



CITY OF EAST WENATCHEE

CITY CLERK

271 9TH STREET NE * EAST WENATCHEE, WA 98802

PHONE (509) 884-9515 * FAX (509) 884-6233

REQUEST FOR/ACCESS TO PUBLIC RECORDS

Pursuant to Washington's Public Disclosure Act (RCW 42.56), I request that the City of East Wenatchee disclose the records identified below. I assert my identity to be:

Please Print

Date: _____

Name: _____ Daytime Phone No.: _____

Mailing Address: _____
(Street)

(City) (State) (Zip)

RECORDS REQUESTED:

Title of Record: _____

Date of Record: _____

Please describe below the records you are requesting. Please include any additional information that will help the City locate the records for you as quickly as possible.

I wish to pick up these records. The copying fee for the records I have requested is 15 cents per page, payable by cash or check. I understand the City will notify me when the copies are ready for pick-up and for payment.

I do not wish obtain copies of the records I have requested. I wish to review the records on-site at 271 9th Street NE, East Wenatchee, WA. I understand the City will notify me when the records are ready for review.

I understand that the record I am requesting is subject to State Disclosure Law / Public Records Act.

I certify that any information I obtain through my request for public records will not be used for commercial purposes.

Signature: _____

Signature Required

..... **FOR OFFICE USE ONLY**

Number of copies: _____ Number of pages: _____

Per page charge: _____ TOTAL CHARGE: _____

Department: _____

Person receiving request: _____ Date: _____