PUBLIC RECORDS REQUEST FORM
RCW CHAPTER 42.56 PUBLIC RECORDS ACT

SECTION 1. To be completed by the requesting person, business, or agency.

Name: (print) ______________________________________ Agency: ______________________________
Address: ______________________________________ Daytime Phone: ________________________
City, State, Zip _______________________________ Cell Phone: ___________________________

Record(s) requested This must describe an identifiable record(s). This form is not intended for general inquiries.

Action requested □ Inspection □ Copy

Desired Audio/Video format, if applicable □ Cassette □ CD □ DVD

I agree to pay all copy charges pursuant to the County’s fee schedule. If I have requested a list of Individuals, I certify that the information obtained through this public disclosure request will not be used for commercial purposes. RCW 42.56.070(9).

Requestor Signature: ________________________________ Date: ______/_______/_____________

SECTION 2: To be completed by County Personnel.

□ No identifiable record can be located,
□ The record you requested is exempt from disclosure by law. (See reverse)
□ Additional time is necessary to process your request. RCW 42.56.520. (See reverse)
□ The records was picked up in person. Signature: ______________________________
□ The amount of $___________ for ________ copies was paid upon receipt.
□ Record(s) have been mailed and $________ amount has been billed.
□ Portions of the record(s) are exempt from disclosure and have been redacted. (See reverse)
The document(s) you requested are exempt and/or portions of the document(s) you requested are redacted for the following reasons:

1. Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers and emergency contact information for employee or volunteers or a public agency and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers and emergency contact information of dependents of employees or volunteers of a public agency that are held by any public agency in personnel records. RCW 42.56.250(3)

2. Attorney-client privileged communication(s) and/or attorney work product. RCW 42.56.070(1); RCW 5.60.060(2)(a); RCW 42.56.290; CR 26(b)(4)

3. Personal information in files maintained for employees, appointees or elected officials to the extent disclosure would violate their right to privacy. RCW 42.56.230(2)

4. Other

In accordance with RCW 42.56.520 additional time is needed to clarify the intent of the request, locate and assemble the information requested, notify third persons/agencies affected by the request, and/or determine whether any of the information requested is exempt and that a denial should be made to any or all parts of the request.

I anticipate (additional) documents, if any, will be released on ________________

This is a partial or installment release. If payment is not received or the records are not claimed, the County is not obligated to fulfill the balance of this request. RCW 42.56.120.

If you have any questions or concerns about your Public Records Request, please call the Public Records Officer at (509) 574-1203 or e-mail stormy.miller@co.yakima.wa.us

This form was completed for Yakima County by ________________ on __/__/____

Signature Date

PLEASE NOTE:

Local governments are not required to create new documents to comply with the Public Records Act.