

City Clerk/Public Records Officer 301 Yakima Street/P.O. Box 519, Wenatchee, WA 98807 Phone (509) 888-6204 Email: <u>cityclerk@wenatcheewa.gov</u>

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

INSTRUCTIONS:

Requestor completes Section B and returns to the Public Records Officer at the address listed above.

Public Records Officer completes Section A and routes to appropriate department.

Public Records Officer or designee completes Section C and D.

SECTION A: FOR CITY USE ONLY	
Date:	
Department:	
Request Received By:	

Requestor Name:	Phone Number:	Emai	nail Address:		
Address:	City:	State	:	Zip:	
l wish to: inspect rec	eive a copy of the following specific red	cord(s):	Request made:		
				in person	
				by phone	
				by mail	
				by email	
			Attach r	equest if applicable	
ir u			If this request is for a list of individuals, is the list to be used for commercial purposes? Yes No		
Signature of Requestor:		D	Date of Request:		

Section C – City of Wenatchee Res	sponse					
ALLOW ACCESS - Charge is \$.15 per	page for each 8 ½" x 11" black	and white photocopy				
WE DO NOT HAVE THE RECORD(S)						
DENY ACCESS - The records you have requested are legally exempt from public disclosure. The exemption log will be provided to the requestor.						
Section D – Requestor Notification						
Person contacted:		Date:	Time:			
Person contacted:	I made the City's final respons		Time:			
	I made the City's final respons		Time:			
by mail			Time:			