



## TOWN OF LA CONNER REQUEST FOR PUBLIC RECORDS

<b>Submit request to:</b>	<b>Town of La Conner 204 Douglas PO Box 400 La Conner, WA 98257</b>	<b>Town Hall Phone: (360) 466-3125 Fax: (360) 466-3901 Email <a href="mailto:financedirector@townoflaconner.org">financedirector@townoflaconner.org</a></b>
---------------------------	---	---

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

REQUESTOR'S NAME (PLEASE PRINT): \_\_\_\_\_

ADDRESS:

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER:

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I WISH TO (CHECK ONE) Review a record Obtain photocopies of a record Email record to above email address  
Please describe the records you are requesting and any additional information that will help us locate them for you as quickly as possible:

A minimum of \$0.15 per page for standard photocopies will be charged to the requestor. A minimum of \$0.05 per email will be charged to the requestor. I understand the Public Records Officer may require a deposit from me in an amount not to exceed twenty percent (20%) of the estimated cost of providing copies for a request. If a request is made available on a partial or installment basis, the Officer may charge me for each part of the request as it is provided. If an installment of a records request is not claimed or reviewed within 30 days, I understand that the Town is not obligated to fulfill the balance of the request.

I declare under penalty of perjury under the laws of the United States of America and of the State of Washington that the list of individuals obtained through this request for public records will not be used for commercial purposes. (RCW 42.56.070).

I understand that pursuant to RCW 42.56.520 the Town will respond within five (5) business days, either by providing the information requested, providing a reasonable estimate as to when the records will be available, or by denying the request. Five day response begins one working day after receipt of request.

Signature: \_\_\_\_\_

### **STAFF TO COMPLETE THE FOLLOWING:**

Date Request fulfilled: \_\_\_\_\_ Date Request denied: \_\_\_\_\_ Total copies/email charge: \_\_\_\_\_

Written explanation of denial attached, pursuant to RCW 42.56.520: \_\_\_\_\_

Other information and record of contacts with requestor:

Received by: \_\_\_\_\_