City of Leavenworth

P.O. Box 287
Leavenworth, WA 98826
Phone: 509/548-5275
FAX: 509/548-6429

REQUEST FOR/ACCESS TO PUBLIC RECORDS

Date _____

Name _____
(Please Print)

Address _____

City _____ State _____ Zip _____

Phone _____
(Home) (Work)

Action Requested:

Inspection _____ Copy _____ Other _____
(Specify – Example: Email address)

Records Requested:
If an emergency request, indicate date desired: _____

Title of Record _____

Date of Record _____

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

_____

_____

_____

Number of Pages _____ Number of Copies Requested _____
(Price per page is $.15)

I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes.RCW 42.56.070(9)

Per RCW 42.56 the City of Leavenworth will respond in writing within five business days of the request. Acceptable response includes:

- *Photocopying or providing the opportunity to inspect the records*
- *Acknowledging receipt of the request and providing an estimate of the time needed to produce the records, or*
- *Denial of the request*

Per RCW 42.56.120 the City of Leavenworth charges $.15 for black or $1.50 for color per single sided, 8-1/2 x 11 page. Other sized copies may be available at a higher cost, and a postage charge may apply. Tape copy of recorded meeting is $5.00 per tape. For a full list of fees see the City of Leavenworth Rate & Fee Schedule.

Signature _____

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