

EXHIBIT A
City of Leavenworth
700 Highway 2 / Post Office Box 287
Leavenworth, Washington 98826
(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. 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(2)(b), (c) and (e) the City of Leavenworth charges \$.15 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 based on the actual cost to the City. Audio copy of recorded meeting is based on the actual cost. For a full list of fees see the Public Records Policy – Resolution 21-2017 that is available on the City's website at www.cityofleavenworth.com.

Signature _____

For Department Use Only

Request received by: _____ Date: _____ Time: _____

This request has been given to _____ on _____

Five-day response rule begins one working day after receipt. Staff assigned to this request must advise the Finance Director/City Clerk on or before day 5 if documents are unable to be produced within five working days.

Department Action:

- Release Requested Record
Referred to Finance Director/City Attorney (may be exempt under code)
Request denied
Request acknowledged, estimated response date: _____
Request Entered in Log Sheet

Total Charges _____