



CITY OF EPHRATA

121 Alder St SW, Ephrata WA 98823
(509-754-4601) (Fax 509-754-0912) ltrachsler@ephrata.org

REQUEST FOR PUBLIC RECORDS
Pursuant to RCW 42.56 Public Records Act

NAME

DATE

ADDRESS

PHONE

I WOULD LIKE TO Inspect (by appointment during regular business hours) or Obtain a copy
of the following record(s) [Please describe the requested record(s) in detail]:

DELIVERY METHOD: WILL PICK UP MAIL (charges may apply) FAX to (____) _____
 EMAIL to _____

Depending on the complexity of the request, City will endeavor to fill requests within 5 business days.

- If you did not hand deliver your request and you have not heard from us by the end of five business days, please contact the Records Officer at the address/phone above to verify that the City received your request.
- **THIRD PARTY NOTIFICATION** may be used to inform other parties involved that you have requested records (this will delay disclosure by approximately ten business days). WAC 44-14-040(4)
- City may determine that the most efficient means to release your documents will be in installments.
- The Public Records Act provides you with the right to appeal should you believe we have improperly withheld or redacted records, or have not fully complied with its provisions. Appeal forms available upon request.

I certify that any records received in response that contain lists of individuals will not be used for commercial purposes, per RCW 42.56.070(9). "Commercial purposes" means contacting or affecting such individuals to facilitate, in any manner, a profit-making activity. Commercial requests will be denied. Signed:

Fees:

Inspect/review record(s)	no charge
Paper Copies _____ pgs at .15 each	_____
Electronic Media (actual cost)	_____
Postage (container + actual postage)	_____
Other _____	_____
TOTAL DUE	\$ _____

NOTE: Additional fees may apply to emailed and faxed records if reproduction is necessary. The Public Records Act allows City to request a deposit and/or to require payment for an installment prior to providing the next installment.

OFFICIAL USE ONLY

<input type="checkbox"/>	Date	Received
_____	_____	_____
<input type="checkbox"/>	Copy to Requester	_____
<input type="checkbox"/>	Assigned to:	_____
<input type="checkbox"/>	Date of 5-day ltr	_____
Log # _____		
Exemptions Log	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required
Notification(s)	_____	

Date:	<input type="checkbox"/> Inspected	_____
	<input type="checkbox"/> Released	_____
	<input type="checkbox"/> Installment 1	_____
	<input type="checkbox"/> Installment 2	_____