



# TOWN OF TWISP – REQUEST FOR PUBLIC RECORDS

## REQUESTOR MUST COMPLETE THIS PORTION

I understand that processing of my request will not commence until the identifying data is received by the proper department. The person submitting the public disclosure request will receive a response within five business days.

### Requestor's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ or \_\_\_\_\_ Email: \_\_\_\_\_

### Records Requested

Nature of Record: \_\_\_\_\_ Time/Date of Record \_\_\_\_\_ Record # (if known) \_\_\_\_\_

Describe the record(s) you are requesting and any additional information which will help us locate them. Failure to provide information sufficient to identify the records may result in denial of the request

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Delivery preference: I understand I may review records without charge. I further understand that if I request copies, I must pay the Town's charges as set forth in the Town's Fee Schedule. I agree to prepay up to 20% of the charges associated with my request, if required by the Town.

I wish to have copies/duplicates of the records indicated above.

I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

Mailed to me    Call and I will pick up in person    Emailed to me

**REQUESTOR'S SIGNATURE** X \_\_\_\_\_ **TODAY'S DATE** \_\_\_\_\_

Per RCW 42.56.070(9), I will not use any lists of individuals that I received from this request for commercial purposes.

### **Official Use only**

Received  Counter  Mail  Email  Fax

Date Received \_\_\_\_\_ By \_\_\_\_\_ Dept. \_\_\_\_\_

Five day notice sent \_\_\_\_\_ Delivered \_\_\_\_\_ How \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Comments: \_\_\_\_\_

Request:  Approved    Denied    Withheld in part    No record matching request  
                   See denial report                    See redaction log

\_\_\_\_\_  
Mayor or Supervisor