



TOWN OF TWISP – REQUEST FOR PUBLIC RECORDS

REQUESTOR MUST COMPLETE THIS PORTION

I understand that the 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:

Delivery preference – (Postage Fees Not Included)

Email 15¢ a page or \$10 Police Report

Paper Copies 15¢ a page or \$10 Police Rpt
Plus postage, if applicable

Inspection (free) copies 15¢ a page

CD/DVD \$2.50 a disc
Plus postage, if applicable

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 _____ Method _____

Exemption Statement: _____

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

Mayor or Supervisor