



# Town of Darrington

1005 Cascade Avenue \* Darrington, WA 98241 \* (360) 436-1131  
PO BOX 397 Darrington, WA 98241

## REQUEST FOR PUBLIC RECORDS

Date:

### CONTACT INFORMATION

Name of Person Making Request:		
Address:		
City:	State:	Zip:
Phone:	Email:	

### RECORDS REQUESTED

Title of Record:
Date of Record:

To assist us in answering your request accurately and promptly, please identify the records you wish to inspect by referring to a title, name, date of incident, identification number and/or description:

\_\_\_\_\_ I wish to make an appointment to review the records at no cost. I may request copied established in the Town's fee schedule.

\_\_\_\_\_ I wish to receive copies of the records. I am willing to pay up to \$\_\_\_\_\_ at the cost established in the Town's fee schedule. \* Please contact me if the charges will exceed this amount.

\* Size 8 1/2 x 11 paper copies= \$.10 each. Over sized or electronic copied contact Town Hall.

Please Note: The Town is not required to create a new record to comply with the Public Records Act. Digitization of records is at the Town's discretion where such digitization does not adversely impact normal and essential operations of the Town

### INITIAL

\_\_\_\_\_ If I have requested a list of names, I certify that the information obtained through this public records request with **NOT** be used for commercial purposes as per RCW 42.56.070(9)

\_\_\_\_\_ Requestor understands that some or all of the applicable records may be exempt from disclosure under the Public Records Act of the State of WA and that the records and the records may contain personal information which otherwise would be protected by a right of privacy.

\_\_\_\_\_ Requestor hereby releases the Town of Darrington and its officers, elected officials, agents and employees from all claims arising from the Town of Darrington allowing inspection and copying of applicable records under this consent and release to the party names above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR TOWN OF DARRINGTON OFFICE USE ONLY:

Date Received:	Received By:
Date Completed:	Completed By: