



Serving North Spokane County

PUBLIC RECORDS REQUEST

NAME OF REQUESTOR: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

DATE OF REQUEST: _____ TIME OF REQUEST: _____

INCIDENT ADDRESS: _____

NATURE OF REQUEST:

1. Identification of Records:

2. Inspection only _____

3. Number of copies requested _____ at two dollars (\$2.00) for the first page and fifty cents (\$0.50) for each page thereafter. For a total of \$_____.

By my signature, I acknowledge that these documents may not be used for profit or gain.

Signature: _____

For Office Use Only

(1) Request
Granted _____

Record
Withheld _____

Record Withheld
In Part _____

Time: _____

Date: _____

(2) If withheld, name the exemption contained in RCW 42.17.310 which authorized the withholding of the record or part of the record.

(3) If withheld, explain how the exemption applies to the record withheld.

Signature: _____
