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| ***For Department/Office Use Only*** |
| **Department/Office:****CITY OF REPUBLIC****PO BOX 331****987 S CLARK AVE****REPUBLIC, WA 99166****509-775-3216 PH****509-775-2751 FX** |
| **Date Action Taken:****Person Taking Action:** |
| **Special Circumstances:** |
| **Received By:** |

 **Name of Person Making Request: (First, Last MI):**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number:(\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Request Made: In Person By Email By Phone By Mail By FaxI wish to: Inspect Records  Receive a Copy of Records Paper Copies  Electronic Media (DVD, CD, Thumb Drive) | **If you have requested a copy of records:**I authorize this public records request and understand that I am subject to a fee schedule as stated by stature, or $0.15 per page (if no schedule is established) or the actual cost of copying the records (Compact Disc, DVD or Thumb Drive). I authorize $\_\_\_\_\_\_\_\_\_\_\_\_\_ for the copying or records and postage if necessary and request to be contacted if the amount due is over this amount. |

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 or incident, identification number and/or description. If copies are needed, please indicate which file(s) you would like copied. Please refer to the City’s Fee Schedule for the correct costs associated with your request. Please fill out the attached page or attach and number your own letter but this page must be completed and signed in its entirety.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

***Please fill in and sign your name below if applicable:***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ affirm under penalty of perjury that my request is not for commercial purposes. This is only required if the request includes a list of individuals. I understand the use of public records containing lists of individuals for a commercial purpose violates Washington State Law and the privacy of the individuals. “Commercial purposes” means contacting or affecting such individuals to facilitate, in any manner, for a profit making activity. A request for a list of individuals where this is not signed will be denied as per RCW 42.56.070(9).

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 (Signature)

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**Please attach and number additional pages as necessary.**