



**City of McCleary**  
Home of the McCleary Bear Festival

100 South 3rd Street, McCleary, WA 98557 • 360.495.3667(phone) 360.495.3097(fax) CityofMcCleary.com

## REQUEST FOR PUBLIC RECORDS FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_ Fax: \_\_\_\_\_

DESCRIBE SPECIFIC RECORDS REQUESTED IN DETAIL:

IS THE INFORMATION REQUESTED FOR COMMERCIAL PURPOSES? ( ) YES ( ) NO

“Responses to requests for public records shall be made promptly by agencies. Within five business days of receiving a public records request, an agency must respond be either (1) providing the record; (2) acknowledging that the agency has received the request and providing a reasonable estimate of the time the agency will require to respond to the request; or (3) denying the public record request. In acknowledging receipt of a public record request that is unclear, an agency may ask the requestor to clarify what information the requestor is seeking. If the requestor fails to clarify the request, the agency need not respond to it.”

RCW 42.17.320 (in part)

**REQUEST FOR PUBLIC RECORDS FORM:**

I understand I must pay \$0.15 per page for paper copies plus any mailing costs, and/or the actual reproduction cost of non-paper (electronics) records. (Ref. Resolution 657)

I agree to prepay all duplication charges associated with my request.

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.

Emailed to me at \_\_\_\_\_

Call me and I will pick up in person.

I certify that any lists of individuals obtained through this request for public records will not be used commercial purposes, per RCW 42.17.260 (9).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Received: _____	Comments: _____
Date Completed: _____	
Request Denied:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Copies Provided:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Fee \$ _____        Total \$ _____
Request completed by: _____	