



CITY OF EVERSON / EVERSON POLICE DEPARTMENT

PO Box 315, 111 W. Main St.
Everson, WA 98247
(360) 966-3411 Phone / (360) 966-3466 Fax
www.ci.everson.wa.us

REQUEST FOR PUBLIC RECORDS

RCW Chapter 42.56 Public Records Act

This document is subject to Public Disclosure / Copy Charge of \$0.15 per page

Name (Print):	Agency (if applicable):
Address:	Daytime Phone:
City, State, Zip	Email Address:

RECORDS REQUESTED:

Please describe the SPECIFIC records you are requesting and any additional information that will help us locate said records
Dates, Names, Etc.

DATE(S) OF DOCUMENT: _____

CASE(S) # (if applicable): _____

ACTION REQUESTED:

Inspection Only Copy Email

I agree to pay all copy charges pursuant to the City of Everson's Fee EMC 9.05.260 Schedule and per RCW 42.56. If I have requested a list of names or businesses, I certify that the information obtained through this public disclosure request will NOT be used for commercial purposes; RCW 42.56.070(9)
Please Note: Local Governments are not required to create new documents to comply with the Public Records Act.

Requestor Signature

Date

FOR OFFICAL USE ONLY

Initial Request Received by: _____		Date Initial Request Received: _____
Response to Requestor (Must be within 5 working days): Initial Response Date: _____	Request forwarded to (if additional response/contact required): _____ Department: _____ Date Forwarded: _____	Dates of Follow-up Response (if required): _____ Final Response Date: _____ Responder: _____
Name of Initial Responder: _____	Supervisor Initials: _____	

CITY'S RESPONSE

Access Provided and arrangements made City does not have record(s) Access prohibited from public disclosure by attached authority

The record was examined by requestor on-site on ____/____/____ Signature: _____

The record was picked up in person. The amount of \$_____ for copies. Signature: _____
Paid By: ___Cash ___Check ___Credit Card

Records were e-mailed to requestor on ____/____/____. Signature: _____