

**CITY OF SOAP LAKE
P O BOX 1270
SOAP LAKE, WA 98851
509-246-1211**

REQUEST FOR/ACCESS TO PUBLIC RECORDS

REQUESTOR'S NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: Home _____ Work _____

RECORDS REQUESTED: Please describe the SPECIFIC records you are requesting and any additional information that will help us locate them for you as quickly as possible (dates, names, etc.). Please identify which records you wish photocopied (current fee is \$0.15/ page). Records will be made available for review *in this office*. If you wish the City to make copies for you and/or mail copies to you there will be a charge in addition to the per page copy charge of \$36 per hour plus actual postage costs. The Revised Code of Washington states that records must be made available in a reasonable length of time. Depending on the complexity of the request, the City will endeavor to respond to requests within 1-5 business days.

I hereby do certify on oath and under penalty of law that if a list of individuals is obtained through this request for public records, and acknowledging by my signature below that Washington law prohibits use of the information for commercial purposes, that I shall not, nor shall I allow others to use the requested information for commercial purposes. I also affirm by my signature below that I will protect and hold harmless the City of Soap Lake and its agents and employees from any and all claims arising from the commercial use of said records.

SIGNATURE: _____ DATE: _____



For Office Use Only

Date Received: _____ Received by: _____ Forwarded to: _____ Respond by: _____

Action: _____	Fees:	
_____	Copy Charge for _____ pages @ \$.15	\$ _____
_____	Other Fees	\$ _____
_____	Total	\$ _____
_____	Receipt Number _____ Date _____	