



TOWN OF LA CONNER REQUEST FOR PUBLIC RECORDS

Submit request to:	Town of La Conner 204 Douglas PO Box 400 La Conner, WA 98257	Town Hall Phone: (360) 466-3125 Fax: (360) 466-3901 Email financedirector@townoflaconner.org
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Date Received: _____ Received by: _____

REQUESTOR'S NAME (PLEASE PRINT): _____

ADDRESS: _____

STREET	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER: _____

HOME	WORK	CELL
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E-MAIL: _____

I WISH TO (CHECK ONE) Review a record Obtain photocopies of a record

Please describe the records you are requesting and any additional information that will help us locate them for you as quickly as possible:

A minimum of \$0.15 per page for standard photocopies will be charged to the requestor. I understand the Public Records Officer may require a deposit from me in an amount not to exceed twenty percent (20%) of the estimated cost of providing copies for a request. If a request is made available on a partial or installment basis, the Officer may charge me for each part of the request as it is provided. If an installment of a records request is not claimed or reviewed within 30 days, I understand that the Town is not obligated to fulfill the balance of the request.

I declare under penalty of perjury under the laws of the United States of America and of the State of Washington that the list of individuals obtained through this request for public records will not be used for commercial purposes. (RCW 42.56.070).

I understand that pursuant to RCW 42.56.520 the Town will respond within five (5) business days, either by providing the information requested, providing a reasonable estimate as to when the records will be available, or by denying the request. Five day response begins one working day after receipt of request.

Signature: _____

STAFF TO COMPLETE THE FOLLOWING:

Date Request fulfilled: _____ Date Request denied: _____ Total copies charge: _____

Written explanation of denial attached, pursuant to RCW 42.56.520: _____

Other information and record of contacts with requestor:

Received by: _____