

APPENDIX A

FRANKLIN COUNTY

Request for Access to Public Records

PUBLIC RECORDS OFFICER
Fred Bowen, County Administrator
1016 North Fourth Avenue
Pasco, Washington 99301
Phone: (509) 545-3535 Fax: (509) 545-3573
e-mail address: fbowen@co.franklin.wa.us

Name: _____
Mailing Address: _____
Phone Number: _____
E-Mail Address: _____

Preferred method of correspondence Mail Phone Email
I wish to inspect (no charge) receive a copy of the following specific records

Records Requested:

Please describe the SPECIFIC records you are requesting and any additional information that will help us locate said records (dates, names, etc.) RCW 42.56.520 requires that action on a request for public records must be taken within five (5) business days. *The copy cost for one letter-sized page (8 1/2" x 11") is 15 cents. You may ask to inspect records rather than have copies made.*

I understand that Washington State Law [RCW 42.56.070(9)] prohibits the use of lists of individuals for commercial purposes. If applicable to this request, I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use the list of individuals obtained from this request for commercial purposes. If applicable, I also acknowledge that I am solely responsible for any consequences or damages arising from my commercial use of the list of individuals I am obtaining.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY – Return completed form to the Public Records Officer

Date Received: _____ Response Required By: _____

- Action Taken** Approved – Request Fulfilled. Notified Requester records are available and where. If copies requested and payment or deposit on payment has been made – sent copies.
- Request to be denied – IMMEDIATELY forward to Prosecuting Attorney for review.
- Evaluation necessary. Estimate _____ days needed for final Response. Notified requester. Copy of letter attached.
- Record Partially Withheld. Notified requester with reason for partial withholding listing exemption(s) cited. Copy of letter attached.
- Clarification needed from requester. Contacted for clarification & Notified of revised estimate of when records will be available. Copy of letter attached.

Department Receiving Request: _____
Signature _____ Date _____

Action Recommended by Prosecuting Attorney

P/A Comment: _____

- DENIAL APPROVED: Department to notify requester by mail of reasons for denial. Forward copy of request for and written denial to Court Administrator's Office.

Signature _____ Date: _____