



## City of Wenatchee

Public Records Officer · 301 Yakima Street/P.O. Box 519 · Wenatchee, WA 98807  
Phone (509) 888-6204 · Fax (509) 888-3636 · email: [cityclerk@wenatcheewa.gov](mailto:cityclerk@wenatcheewa.gov)

### REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

#### INSTRUCTIONS:

Requestor completes Section B and returns to the Public Records Officer at the address listed above.

Public Records Officer completes Section A and routes to appropriate department.

Public Records Officer or designee completes Section C and D.

#### SECTION A: FOR CITY USE ONLY

Date:

Department:

Request Received By:

This completed form is an open public document and may be released to any requestor.

#### Section B Requestor/Records Request Information

Requestor Name:		Phone Number:		Email Address:	
Address:		City:		State:	Zip:
I wish to:    inspect    receive a copy of the following specific record(s):				Request made:	
				<input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by email	
				Attach request if applicable.	
If record(s) concern individual(s) other than requestor, please state name(s):				If this request is for a list of individuals, is the list to be used for commercial purposes?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Requestor:				Date of Request:	

**Section C City of Wenatchee Response**

- ALLOW ACCESS - Charge is \$ .15 per page for each 8 ½" x 11" black and white photocopy
- WE DO NOT HAVE THE RECORD(S)
- DENY ACCESS - The records you have requested are legally exempt from public disclosure.  
The exemption log will be provided to the requestor.

**Section D Requestor Notification**

Person contacted:		Date:	Time:
<input type="checkbox"/> by mail <input type="checkbox"/> by phone <input type="checkbox"/> in person <input type="checkbox"/> by email	I made the City's final response as stated:  _____ Signature		