



CITY OF CASHMERE
 101 Woodring Street
 Cashmere, WA 98815
Phone: 509.782.3513
Fax: 509.782.2840

Request for Access to Public Records

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Check for electronic delivery of requested records

RECORDS REQUESTED

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

I certify that lists of individuals obtained through this request for public records will not be used for commercial purposes. RCW 42.17.260(9)

 Signature

 Date

Per RCW 42.17.320 the City of Cashmere will respond in writing within five business days of the request. Acceptable response includes:

- Photocopying or providing the opportunity to inspect the records
- Acknowledging receipt of the request and providing an estimate of the time needed to produce the records, or
- Denial of the request

Per RCW 42.17.260 (7) & (8) and RCW 42.17.300 there is a \$.15 per page charge and a postage charge may apply.

OFFICE USE ONLY

Action taken: Request granted Request denied City Attorney consulted
 Request acknowledged, estimated response date _____

Documents provided: Date: _____ Mailed Picked up Emailed

Number of copies _____ Number of pages _____

Per page charge \$.15 Postage _____

Total charge _____