

**PUBLIC RECORDS REQUEST FORM (Per RCW 42.56)**

P.O. BOX 370 (141 'A' Street SW)  
 Castle Rock, WA 98611  
 Ph: 360-274-8181 Fax: 360-274-4876  
 Website: [www.ci.castle-rock.wa.us](http://www.ci.castle-rock.wa.us)  
 Email: [finance@ci.castle-rock.wa.us](mailto:finance@ci.castle-rock.wa.us)



Requestor's Name (Please print):

Mailing Address:

City: State: Zip:

Phone# Email Address:

Department(s) Request Is To Be Directed:

Requested Records: Please provide a detailed description of identifiable public records. The more specific you request, the more quickly we can process and deliver responsive records. Describe the records you are requesting and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates. Attach additional pages if necessary.

After requested records are retrieved I would like to: **(Please mark one response below)**

Inspect the records in person during normal office hours. At time of inspection, you may make requests for paper copies of documents.

Receive electronic copies via email  Receive paper copies – I will pick up (minimum charge of 10¢/page)

CD or DVD (charged at actual cost)  Receive paper copies via mail (minimum charge of 10¢/page, plus postage)

If my request is for a list of individuals, I certify under penalty of perjury under the law of the state of Washington that the information obtained through this request will NOT be used for commercial purposes.

Signature: Date:

Completed By City Staff Only:	Public Record #	Date Received:	Circle One: Email Phone	In Person Fax	Mail
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Name of employee receiving request:

	Date:	Initials:	Notes:
Five Day Response Sent: (RCW 42.56.520)			
Initial Payment Installment:			Amount Paid: Receipt:
Completing Request:			
Final Payment Installment:			Amount Paid Receipt#
Response Completed:			

If exemptions are claimed, complete Exemption Log.