



JEFFERSON COUNTY

Request for Access to Public Records

Public Records Officer
 Central Services Department
 1820 Jefferson Street PO Box 1220
 Port Townsend, WA 98368
 Phone: 360-385-9174 Fax: 360-385-9195
 E-mail: publicrecords@co.jefferson.wa.us
 Website: www.co.jefferson.wa.us

Name: _____

Mailing Address: _____

E-mail Address: _____ Phone Number: _____

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. *Charges may apply to paper and electronic copies. You may ask to inspect records rather than have copies made.*

DRAFT

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: _____ Date of Response Deadline: _____

Action Taken

Approved - Request Fulfilled. Notified requestor that records are available and where. If copies were requested and payment, or deposit on payment, has been made - copies were sent.

Request to be denied - IMMEDIATELY forward to Prosecuting Attorney for review.

Evaluation Necessary. Estimate _____ days needed for final response. Notified requestor. Copy of letter attached.

Record Partially Withheld. Notified requestor of reason for partial withholding, listing exemption(s) cited. Copy of letter attached.

Clarification needed from requestor. Contacted for clarification & notified of revised estimate of when records will be available. Copy of letter attached.

Dept. Receiving Request:

Signature _____

Date _____

Action Recommended by Prosecuting Attorney:

P/A Comment: _____

DENIAL APPROVED: Department to notify requestor by mail of reasons for denial. Forward copy of request form and written denial to County Administrator's Office.

Signature: _____

Date: _____