



Bingen-White Salmon Police Department

PO Box 2139 White Salmon, WA 98672
PH. 509-493-1177 • Fax 509-493-1007



Public Records Request Form RCW Chapter 42.56 Public Records Act

Date Rec'd _____
Rec'd by _____
Record Request #: _____

PUBLIC RECORD REQUEST FORM

NAME: _____ PHONE NO: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS (if electronic copy request): _____

RECORD REQUEST (This must describe an identifiable record): _____

Action Requested: Paper Copy Electronic Copy Sent Inspection CD

I agree to pay all copy charges pursuant to the City's fee schedule. If I have requested a list of names, I certify that the information Obtained through this public disclosure request will not be used for commercial purposes. RCW 42.56.070(9).

Requestor Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

- No identifiable record can be located.
- The record you requested is exempt from disclosure by law. (See Page 2)
- Additional time is necessary to process your request. RCW 42.56.520 (See Page 2)
- The record was picked up in person. Signature _____
The amount of \$ _____ was paid upon receipt.
- Record(s) have been mailed/mailed and \$ _____ amount has been prepaid.
- Portions of the record(s) are exempt from disclosure and have been redacted. (See Page 2)