Date of Request: ___________ Name of Requestor: ____________________________

Address of Requestor: _______________________________________________________________________________________

Phone Number of Requestor: _______________________________________________________________________________________

Email Address of Requestor: _______________________________________________________________________________________

If this is an emergency request indicate the date desired and please describe the nature of the emergency:
__________________________________________________________________________________________________________________________________________________________________________

Records Requested (Please include the title and date of the record(s) being requested):
__________________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________________

Additional information to help locate the records in timely manner:
__________________________________________________________________________________________________________________________________________________________________________

Action Requested:  □ Paper Copy  □ Electronic Copy

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 __________________________

CITY OF BINGEN USE ONLY

□ No identifiable record can be located.
□ The record you requested is exempt from disclosure by law. (Page 2)
□ Additional time is necessary to process your request. RCW 42.56.520 (Page 2)
□ The record was picked up in person. Signature __________________________
  The amount of $ ____________ for ____________ copies was paid upon receipt.
□ Record(s) have been mailed and $ ____________ amount has been prepaid.
□ Record(s) have been transmitted via email.
□ Portions of the record(s) are exempt from disclosure and have been redacted. (Page 2)
Attached is the public record you requested. Pursuant to the Public Records Law, it may be redacted according to the following statutes:

☐ No Redactions.
☐ RCW 10. 97.70 Information has been provided to assist with civil redress.
☐ RCW 42.56.050, 42.56.230(5) Personal identifiers not of legitimate concern to the public. Credit/Debit card numbers, check numbers, bank/financial information, social security numbers and driver license/permit numbers are protected.
☐ RCW 42.56.240 Active police investigation. Request has been denied.
☐ RCW 42.56.240(1) Record contains specific intelligence information the non-disclosure of which is essential to effective law enforcement.
☐ RCW 42.56.240(2) Complainant, victim or witness requested non-disclosure.
☐ RCW 42.56.240(5) Identifying information on child victims of sexual assault prohibited.
☐ RCW 10.97.050 Non-conviction data protected under Criminal Records Privacy Act.
☐ RCW 13.50.050 Record contains confidential juvenile offense information.
☐ RCW 13.50.100 Restricted/limited release of juvenile information not relating to the commission of a juvenile offense.
☐ RCW 7.69A.030(4) Child victim or witness information restricted.
☐ RCW 46.12.635 D.O.L. driver and/or vehicle registrations protected.
☐ RCW 70.02.005, 42.56.230 & 42.56.360 Contains confidential/medical information.
☐ RCW 46.61.506(7) BAC/Breathalyzer results available only to subject or his/her attorney.
☐ Other: ________________________________

☐ In accordance to RCW 42.56.520 additional time is needed to clarify the intent of the request, locate, and assemble the information requested, notify third persons/agencies affected by the request, and/or determine whether any of the information requested is exempt and that a denial should be made to any or all parts of the request.

I anticipate (additional) documents, if any, will be released on__________________________.

If you have any questions or concerns about your Public Records Act Request, please call the Public Records Officer at (509) 493-2122 or email clerk@bingenwashington.org

Approval ___________________________ Date: __________________________
Signature __________________________________ Title _________________

PLEASE NOTE: Local governments are not required to create new documents to comply with the Public Records Act.

Mechanism for Review of Denial: Any person who objects to the denial of a public records request may petition in writing to the Public Records Officer for a review of that decision. The petition shall include a copy of or reasonably identify the written statement by the Public Records Officer or designee denying the request. The Public Records Officer shall perform a review of the denial as promptly as possible. Pursuant to state law, the review shall be deemed concluded at the end of the second business day following the denial. RCW 42.56.520