

RETURN COMPLETED FORM TO: Public Records Officer PO Box 37, Ephrata WA 98823-0037	FOR COUNTY USE ONLY: RFPR No. PRD-
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GRANT COUNTY

Request for Access to Public Records

PLEASE PRINT LEGIBLY

Name: _____ Daytime Phone #: _____

Physical Address: _____ City/State/Zip _____

Mailing Address (if different than physical address) _____ City/State/Zip _____

Fax # (optional): _____ E-Mail Address (optional): _____

Please describe the SPECIFIC, identifiable public records you are requesting, including any additional information that will help us locate said records (dates, names, etc.) pursuant to RCW 42.56.520. **If you are requesting records pertaining to a criminal, medical, and/or counseling matter, please also complete page 2. Also, for rate, exemption, and turnaround time information relating to the reproduction of public records, please see page 2. For Geographical Information, please also fill out page 3.**

List each Grant County Department, Office, and/or official believed to have custody of records responsive to your request:

Upon the County's retrieval of any responsive, non-exempt records, your preference is (check one):

- Inspection only*
 Copy of all
 Inspection & copying of selected materials*

I understand that Washington State Law (RCW 42.56.070(9)) prohibits my use of lists of individuals for commercial purposes and I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use the lists obtained from this request for commercial purposes. I further acknowledge that I am solely responsible for any consequences or damages arising from any failure on my part to adhere to the above-referenced RCW.

Signature: _____ Date: _____

Identity verification by (check one): Driver's License number: _____
 Notary Public (complete below)

State of _____)
) ss.
 County of _____)

I hereby certify that I know or have satisfactory evidence that _____ signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in this instrument.

DATED: _____

 Notary Public for _____ State,
 residing in _____ County.

- You may inspect and examine specific and identifiable, non-exempt records responsive to your request during standard business hours, by advance appointment with the Public Records Officer, unless incarcerated.**

GRANT COUNTY Request for Access to Public Records Continuation Form

For records that pertain or may pertain to a criminal, medical, and/or counseling matter, please complete the following:

Case File/Number: _____ Name of Case/File: _____

Date of incident/appointment: _____ Location: _____

What is your relationship to the incident? (Circle one) **Victim / Suspect / Spouse / Parent / Witness / Other:**

Type of incident? (Circle one) **Accident / Theft / Burglary / DV / Drugs / Vandalism / Traffic / Other:** _____

List any other information that may be helpful in enabling the County to retrieve the requested records: _____

If you are requesting a copy of your criminal history, be advised that you will only receive your involvements with the Grant County Sheriff's Office. If you have had contact with other law enforcement agencies within Grant County, you will need to contact that specific agency's office. For your complete criminal history, contact the Washington State Patrol's Criminal History Section at (360) 534-2000 or by visiting the Washington State Patrol website at www.wsp.wa.gov.

If you are requesting a copy of your criminal history, does it need to be notarized by the Sheriff's Office?
 Yes No

THE PUBLIC RECORDS ACT

Costs for Requests for Public Records: Costs for the reproduction of specific, identifiable, non-exempt public records are governed by the Revised Code of Washington (RCWs). Some Grant County (County) departments/offices are governed under or by additional RCWs. Upon receipt of your completed Request For Public Record (RFPR) and processing of same, you will be notified as to the total cost for reproduction, shipment, etc. of responsive records. Costs are calculated by the page, type of page, County code, plus container and shipping expenses, if any. Costs for copies of other items, depending on the medium, are the County's actual costs to produce or have produced, also pursuant to the Public Records Act (Act) RCW 42.56.020.

Some Records are Exempt: The Act recognizes that certain records and/or working files are not for release to the public or may be released with applicable portions redacted. These include, but are not limited to, certain criminal, judicial, medical, mental health, and juvenile files and/or portions of files. Should records you request contain any exempt materials, these will be identified for you in writing, along with the applicable RCW(s).

Good Faith Effort: The County will make a good faith effort to respond to your request and/or provide you with copies of (or make an appointment for inspection of) specific and identifiable, non-exempt records within five (5) business days following the receipt of your RFPR. Please be advised, however, that the Act recognizes that RFPRs may require additional time, depending on the location of records, the number of County departments/offices involved, the size of the files, possible redaction requirements, legal review, type of record, size of request and the need for existing governmental services and functions to continue.

INFORMATION REQUEST:

Please check desired data`

- | | | |
|--|---|---|
| <input type="checkbox"/> Parcels | <input type="checkbox"/> County Boundary | <i>Planning Dept. Approval</i> |
| <input type="checkbox"/> Roads | grid | <input type="checkbox"/> Urban Growth |
| <input type="checkbox"/> Water | <input type="checkbox"/> Hospital districts | Boundaries |
| <input type="checkbox"/> City Limits | <input type="checkbox"/> Mosquito districts | <input type="checkbox"/> Land Use Comp Plan |
| <input type="checkbox"/> Township/Range/
Sections | <input type="checkbox"/> Cemetery districts | <input type="checkbox"/> Planning Zones |
| <input type="checkbox"/> Census Tracts | <input type="checkbox"/> Commissioner | |
| <input type="checkbox"/> Fire districts | districts | <i>Auditors Approval</i> |
| | <input type="checkbox"/> Port districts | <input type="checkbox"/> Voter Precincts |

Please circle desired product

Product Type: ♦ Map ♦ Report ♦ New Layer ♦ Other

Map/Report Title: _____

Maps:

Area & Scale _____

Medium ♦ Paper ♦ Mylar/film ♦ Other _____

Paper Size ♦ A (8.5x11) ♦ B(11x17) ♦ C(18x24) ♦ D(24x36) ♦ E(36x48)

Electronic Format: ♦ shapefile (v3.x, v9.x) ♦ database (Access, dbf)
 ♦ pdf ♦ Other _____

Please circle desired delivery method(s)

e-mail cd dvd 1.44Mb floppy disk

1st class mail customer pick-up

Please describe your information product, show an example of how you want your map and/or report set up (column headings, rows, etc.).

GIS REQUEST NUMBER Auditor _____ Assessor _____ Planning _____

_____ Treasurer _____ Invoice # _____