

# FRANKLIN COUNTY Emergency Management

## PUBLIC RECORDS OFFICER

FCEM

1011 E. Ainsworth St.

Pasco, Washington 99301

Phone: (509) 545-3546 Fax: (509) 545-2139

E-mail address: fc-ecc@franklincountywa.gov

### Request for Access to Public Records

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred method of correspondence  Mail  Phone  Email

I wish to  inspect (no charge)  receive a copy of the following specific records

#### 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. *The copy cost for one letter-sized page (8 1/2" x 11") is 15 cents. You may ask to inspect records rather than have copies made.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Washington State Law [RCW 42.56.070(8)] 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 FCEM Director

Date Received: \_\_\_\_\_ Response Required By: \_\_\_\_\_

**Action Taken**  Approved – Request Fulfilled. Notified Requester records are available and where. If copies requested and payment or deposit on payment has been made – sent copies.

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

Evaluation necessary. Estimate \_\_\_\_\_ days needed for final Response. Notified requester. Copy of letter attached.

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

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

FCEM Employee Receiving Request: \_\_\_\_\_  
Signature Date

#### Action Recommended by FCEM

Comment: \_\_\_\_\_  DENIAL APPROVED: FCEM to notify requester by Email and/or mail of reasons for denial.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_