ASOTIN COUNTY
PUBLIC RECORDS REQUEST

Name of Requesting Party: _____

Contact Information: _____

Date of Request: _____

Your name and address are requested in order to assist us in responding to your request and to document our compliance with RCW 42.17. The county needs to review this request to be certain we do not violate any of the applicable statutes, rules, or regulations regarding privacy rights and confidentiality by disclosure of the requested records or documents. Without your name and address, our office will have no way to contact you with our response to your request. If you prefer not to give your name and address, please bring a copy of this request with you when you check back with our office regarding your request. In order to assure prompt and complete response to your request please provide as specific a description as you can for the documents or records that you are requesting.

Description of documents or records requested: _____

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Pursuant to County policy and RCW 42.17.260 you will be charged $0.15 per page for copying.

Asotin County Board of Commissioners, P.O. Box 250, Asotin, WA 99402
(509) 243-2060 - (509) 243-2005 fax