



GRANITE FALLS

City of Granite Falls
206 S. Granite Avenue / PO Box 1440
Granite Falls, WA 98252

P 360-691-6441
F 360-691-6734
www.ci.granite-falls.wa.us

**REQUEST FOR DISCLOSURE
OF PUBLIC RECORDS**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Request Made In Person In Writing Telephone Fax Email

Preferred Delivery: Pick Up U.S. Mail Email (provide address above)

Fax (provide # _____) On-Site Inspection

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested, including dates. Also, please include the type of access requested (Copying or inspection) and the medium requested.

I agree to pay the actual costs of duplicating, scanning, and/or mailing copies of the requested public records. I understand that the City is prohibited from disclosing lists of individuals to requestors for commercial purposes and do hereby swear under penalty of law that I will not use or allow other to use such public records for commercial purposes.

Requestor's Signature

Date

CITY USE ONLY

ROUTING	COST	DISPOSITION
PRR No. _____	Est. Duplication	<input type="checkbox"/> Request Granted
Date	Cost _____	Date
Received _____	Est. Delivery	Delivered _____
Staff	Cost _____	<input type="checkbox"/> Record Withheld in part
Name _____	Personnel	(explain)
Dept. _____	Cost _____	_____
Dept Forwarded To	Est. Total	_____
_____	Cost _____	_____
Date _____	Deposit	<input type="checkbox"/> Req. Denied (attach
Request forwarded to	Amount _____	explanation)
Attorney for review:	Actual	<input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cost _____	_____
Date _____	Date	_____
Authorized for Release	Paid _____	_____
<input type="checkbox"/> No (explain) <input type="checkbox"/> Yes	Comments:	_____
_____	_____	_____
_____	_____	Scanned
_____	_____	Date _____
_____	_____	Filed request form with
_____	_____	Clerk _____
_____	_____	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fax: 360-691-6734, Attn: City Clerk
 Email: darla.reese@ci.granite-falls.wa.us
 Mail: City of Granite Falls, Attn: City Clerk, P.O. Box 1440, Granite Falls, WA 98252