

**REQUEST FOR INSPECTION/
COPYING OF PUBLIC
RECORDS**



Treasurer's Office
808 W Spokane Falls Blvd
Spokane WA 99201-3336
Phone: 509/625-6070
Fax: 509/625-6090

Request No.

Date: _____ Time: _____ E-mail Address: _____

Name: _____ Phone #: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

IDENTIFICATION/DESCRIPTION OF RECORD(S) SOUGHT:

Please be as specific as possible. We will be able to process your request faster if you clearly identify the records you are requesting to review. Note that pursuant to RCW 42.56.520, we have five (5) business days to respond to your request. (Copy fee is \$.15 per page).

If the record(s) sought be in the form of a list of named individuals, I certify, covenant, and warrant that such list will not be used for commercial purposes pursuant to RCW 42.56.520.

Signature

FOR DEPARTMENT USE ONLY

Request Received by:

If request granted, copy fee, if any: \$

If request denied, wholly or partially, reasons are stated as follows:

REQUEST FOR REVIEW OF DENIAL OF INSPECTION

Requester's Signature _____

Rec'd by: _____
Staff Member

* Result if no action taken by end of second business day.

Denial Overturned:	_____
Denial Modified:	_____
Denial Upheld*:	_____

SIGNATURE OF DEPARTMENT HEAD OR DIVISION DIRECTOR