



## CITY OF ZILLAH

Public Records Officer • PO Box 475 • Zillah, WA 98953  
 Phone (509) 829-5151 • Fax (509) 829-5457 • web site: www.cityofzillah.us

### REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

**INSTRUCTIONS:**

Requestor completes Section B and returns to the Public Records Officer at the address listed above.

Public Records Officer completes Section A and routes to the appropriate department.

Public Records Officer or designee completes Section C and D.

SECTION A: FOR CITY USE ONLY
Date: _____
Request Number: PR-20____ - _____
Department: <input type="checkbox"/> City Hall/Public Works <input type="checkbox"/> Police Department <input type="checkbox"/> Fire/Building/Code
Request Received By: _____

**This completed form is an open public document and may be released to any requestor.**

**Section B - Requestor/Records Request Information**

Requestor Name: _____	Phone Number: _____	Email Address: _____	
Address: _____	City: _____	State: _____	Zip: _____
I wish to <input type="checkbox"/> inspect <input type="checkbox"/> receive a copy of the following specific record(s):			Request made: <input type="checkbox"/> in person <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by email  <b>Attach request if applicable</b>
If record(s) concern individual(s) other than requestor, please state name(s): _____		If this request is for a list of individuals, is the list to be used for commercial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Requestor: _____		Date of Request: _____	

**Section C - City of Zillah Response**

**STAFF REQUEST FOR FURTHER CLARIFICATION** - Date: \_\_\_\_\_  
 Explain: \_\_\_\_\_

**ALLOW ACCESS.** Charge is \$.15 for each black and white photocopy. Charges for other media will be imposed as per current City Rates Schedule.

**WE DO NOT HAVE THE RECORD(S).**

**DENY ACCESS.** The records you have requested are legally exempt from public disclosure by Ordinance No. 1271 and Policy 2011-01.

**Section D – Requestor Notification**

Person contacted: _____	Date: _____	Time: _____
<input type="checkbox"/> by mail <input type="checkbox"/> by phone <input type="checkbox"/> in person <input type="checkbox"/> by email	I made the City's final response as stated.  Signature: _____	