

Ferry County

Request for Public Records



Date:	Name of person making request:
Time:	
Address:	City: State: Zip Code:
Phone Number: Email:	I wish to: <input type="checkbox"/> Inspect records <input type="checkbox"/> Receive a copy of records
Request made: <input type="checkbox"/> in Person <input type="checkbox"/> by phone <input type="checkbox"/> by fax <input type="checkbox"/> by email <input type="checkbox"/> by mail	

To assist us in answering your request accurately and promptly, please identify the records you wish to inspect by referring to a title, name, date of incident, identification number and/or description. If copies are needed, please indicate which file(s) you would like copied. Please refer to the counties fee schedule for the correct costs associated with your request.

(Signature)

Please fill in and sign your name below if applicable:

I, _____ affirm under penalty of perjury that my request is not for commercial purposes. This is only required if the request includes a list of individuals. I understand the use of public records containing lists of individuals for a **commercial purpose violates** Washington State law and the privacy of the individuals. “*Commercial purposes*” means contacting or affecting such individuals to facilitate, in any manner, for a profit-making activity. A request for a list of individuals where this is not signed will be denied as per RCW 42.56.070(9).

(Signature)

Please return to Ferry County Risk Mgmt
350 E. Delaware Ave #15
Republic, WA. 99166

For County Department/Office use only:

County Department/Office:	Received By:
Date action taken:	Name of person taking the action:
Special Circumstances:	