

CITY OF CASTLE ROCK, WASHINGTON

PUBLIC RECORDS REQUEST FORM (Per RCW 42.56)

P.O. BOX 370 / 141 A Street SW
 Castle Rock, WA 98611
 (360) 274-8181

Website: www.ci.castle-rock.wa.us
 Email: finance@ci.castle-rock.wa.us



Requestor's Name (Please print):			
Mailing Address:			
City:		State:	Zip:
Phone#		Email Address:	
Department(s) Request Is To Be Directed:			
Requested Records: Please provide a detailed description of identifiable public records. The more specific you request, the more quickly we can process and deliver responsive records. Describe the records you are requesting and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates. Attach additional pages if necessary.			
After requested records are retrieved I would like to:			
<input type="checkbox"/> Inspect the records in person during normal office hours. <input type="checkbox"/> Receive electronic copies via email. <input type="checkbox"/> Receive paper copies – I will pick up. <input type="checkbox"/> CD or DVD <input type="checkbox"/> Receive paper copies via mail.		In all methods, charges may apply. Please reference Castle Rock Municipal Code Chapter 1.30 – Inspection and Copying of Public Records, Section 1.30.070 – Costs and expenses for inspection and copying.	
If my request is for a list of individuals, I certify under penalty of perjury under the law of the state of Washington that the information obtained through this request will NOT be used for commercial purposes.			
Signature:		Date:	
Completed By City Staff Only:	Public Record #	Date Received:	Circle One: Email In Person Mail Phone Fax
Name of employee receiving request:			
Date:		Initials:	Notes:
Five Day Response Sent: (RCW 42.56.520)			
Response Completed:			
Payment (Installments):			
If exemptions are claimed, complete Exemption Log.			