City of Okanogan
Request for Public Records

Name of Requester_____Phone:_____

Mailing Address_____

Email Address_____

Request Made: ◯ In Person ◯ By Email ◯ By Phone

Date of Request_____

Description of Public Records Requested (Please be as specific as possible to avoid delays in processing your request)

I understand and acknowledge that the City of Okanogan does not guarantee the accuracy or completeness of information contained in public records or any data provided electronically. If my request is for a list of individuals, I understand that I will be required to complete a Commercial Purposes Declaration.

Acknowledgement Signature_____

TO BE COMPLETED BY CITY STAFF

Date Request Received_____Received By_____

Date Action Taken (Must be completed within 5 business days of receipt)_____

◯ Request Granted ◯ Acknowledgment; Estimated Response Date Provided_____ ◯ Record Denied

◯ Record Withheld in part

Request Forwarded to Attorney for Review ◯ Yes ◯ No Date Sent_____

If request denied or withheld in part, attach additional sheet outlining specific exemptions applied.

Completed Request Cost $_____
Payment Received Date_____