

CITY OF FORKS PUBLIC RECORDS REQUEST

500 East Division Street Forks, WA 98331 360 374-5412 Phone 360-374-9430 Fax

Date of request:	Name of requestor	r:			
Company (if applicable):					
Mailing address:					
City:					
Phone:	Secondary	phone:			
E-mail address:					
Title of record(s):					
Date of record(s) if known:					
Please describe the records you are rethem for you as quickly as possible. W42.56.520.	equesting and provide	any additional info	ormation tha	nt will assist us i	_
I agree to prepay all duplication and e any applicable postage/shipping fees.		es (see fee schedule	e) associated	d with my reque	est, as well a
☐ I wish to make an appointment to		records before co	pies are mad	de.	
☐ I wish to have electronic and/or p	paper copies of the reco	ords: Pape	r 🗌 Electro	nic 🗌 Both	
Store electronic copies on a USB 1	flash drive				
☐ Mail records to me ☐ E	-mail records to me (el	ectronic only)	Call m	ne to pick up	
I certify that any lists of individuals ob purposes, per RCW 42.56.070(8).	tained through this red	quest for public rec	cords will no	t be used for co	mmercial
Signed:	Date:				
Date received:	Request completed by:				
Request denied: Yes No	Date completed:	Total charge:		Date paid:	
Comments:					

SUMMARY: COSTS FOR COPIES UNDER PUBLIC RECORDS ACT – RCW 42.56 AGENCY OPTIONS PURSUANT TO EHB 1595 (CHAPTER 304, LAWS OF 2017)

Effective July 23, 2017; Summary Only – See Statutes for Details

Charging statutory default fees

Agency may assess costs per the statutory fee schedule:

- 15 cents/page paper
- 10 cents/page scanned into electronic format
- 5 cents/4 electronic files or attachments
- 10 cents/gigabyte of electronic records transmission
- Actual costs of storage media, container, envelope; postage/delivery charge
- Charges may be combined if more than one type of charge applies