



**CITY OF EVERSON / EVERSON POLICE DEPARTMENT**

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Everson, WA 98247  
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[www.ci.everson.wa.us](http://www.ci.everson.wa.us)

**REQUEST FOR PUBLIC RECORDS**

RCW Chapter 42.56 Public Records Act

This document is subject to Public Disclosure / Copy Charge of \$0.15 per page

Name (Print):	Agency (if applicable):
Address:	Daytime Phone:
City, State, Zip	Email Address:

**RECORDS REQUESTED:**

Please describe the SPECIFIC records you are requesting and any additional information that will help us locate said records  
Dates, Names, Etc.

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DATE(S) OF DOCUMENT: \_\_\_\_\_

CASE(S) # (if applicable): \_\_\_\_\_

**ACTION REQUEST:**       Inspection Only                       Copy                       Email

I agree to pay all copy charges pursuant to the City of Everson's Fee EMC 9.05.260 Schedule and per RCW 42.56. If I have requested a list of names or businesses, I certify that the information obtained through this public disclosure request will NOT be used for commercial purposes; RCW 42.56.070(9)  
*Please Note: Local Governments are not required to create new documents to comply with the Public Records Act.*

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

**FOR OFFICAL USE ONLY**

Initial Request Received by: _____		Date Initial Request Received: _____
Response to Requestor (Must be within 5 working days):  Initial Response Date: _____	Request forwarded to (if additional response/contact required):  Department: _____  Date Forwarded: _____	Dates of Follow-up Response (if required):  Final Response Date: _____  Responder: _____
Name of Initial Responder: _____	Supervisor Initials: _____	

**CITY'S RESPONSE**

Access Provided and arrangements made                       City does not have record(s)                       Access prohibited from public disclosure by attached authority

The record was examined by requestor on \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

The record was picked up in person. The amount of \$ \_\_\_\_\_ for copies. Signature: \_\_\_\_\_  
Paid By: \_\_\_ Cash \_\_\_ Check \_\_\_ Credit Card

Records were e-mailed to requestor on \_\_\_\_/\_\_\_\_/\_\_\_\_. Signature: \_\_\_\_\_