



**CITY OF GRANDVIEW
PUBLIC RECORDS DISCLOSURE REQUEST
*Petición para Documentos Públicos***

RETURN TO: CITY CLERK, 207 WEST SECOND STREET, GRANDVIEW, WA 98930

DATE OF REQUEST (*fecha de hoy*): _____

REQUESTOR'S NAME (*nombre del solicitante*): _____

ADDRESS (*dirección de correspondencia*): _____

CITY/STATE/ZIP (*ciudad/estado/código postal*): _____

PHONE NUMBER (*número de teléfono*): _____ FAX NUMBER (*número de fax*): _____

**RECORD(S) REQUESTED : (POLICE & FIRE REPORT FEE OF \$10.00 IS NONREFUNDABLE)
*Documentos Solicitados: (Los \$10.00 para el reporte de policía y incendio no es reembolsable)***

TITLE OR DESCRIPTION OF RECORD(S): _____
(*Título o descripción de documentos*)

INVESTIGATING OFFICER (*oficial que investigo*): _____ CASE NO. (# de caso): _____

DATE OF RECORD(S) (*fecha de documentos*): _____

REASON RECORD(S) REQUESTED (*la razón que se solicitan*): _____

SIGNATURE OF REQUESTOR (*firma del solicitante*): _____

PRINT NAME: _____
(*nombre en letra de molde*)

TITLE: _____
(*título*)

INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY CITY STAFF

1. REQUEST RECEIVED BY: _____ DEPARTMENT: _____ DATE: _____

2. ACTION TAKEN
- REQUEST GRANTED
 - ACKNOWLEDGEMENT – ESTIMATED RESPONSE DATE PROVIDED
 - RECORD DENIED
 - RECORD WITHHELD IN PART

3. REQUEST FORWARDED TO CITY ATTORNEY FOR REVIEW: YES NO DATE FORWARDED: _____

4. NOTIFICATION TO REQUESTER OF ACTION TAKEN: DATE OF NOTIFICATION: _____
- REQUEST GRANTED
 - NEED FOR ADDITIONAL TIME - HOW LONG? _____
 - REQUEST DENIED
 - RECORD WITHHELD IN PART

NUMBER OF COPIES: _____

STANDARD COPY CHARGE @ \$.15 PER PAGE: \$ _____

OTHER CHARGES: \$ _____

TOTAL FEES DUE: \$ _____

FIRE REPORT FEE: \$10.00 _____

POLICE REPORT FEE: \$10.00 _____

(\$10.00 Report Fee Non-Refundable)

RECEIPT NO. _____ DATE: _____