



**CITY OF QUINCY  
PUBLIC RECORDS REQUEST**

104 B Street SW / PO Box 338, Quincy, WA 98848  
(509) 787-3523

**REQUESTER'S CONTACT INFORMATION**

(Most correspondences will be in writing.)

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

How do you want to receive the requested record? (Please check one)

EMAIL ADDRESS \_\_\_\_\_

☐ Paper Copy

☐ Electronic Copy

☐ Inspect

**IDENTIFIABLE RECORDS REQUESTED**

(Be very specific and include case number, permit number, timeframe, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify: ☐ I have read and understand the City of Quincy Public Records Policy on the reverse side of this Request;  
☐ any lists of individuals obtained through this Request will not be used for commercial purposes.  
RCW 42.56.070(9)

SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

**For City Use Only**

**REQUEST NO.** \_\_\_\_\_

**Request Received Via:** ☐ In person ☐ E-mail ☐ Mail

**5 DAY RESPONSE:** **Date:** \_\_\_\_\_

**Response:** ☐ Acknowledge Request  
☐ Make the Records available for inspection or copying  
☐ Send copies of the Records  
☐ Provide estimate of when Records will be sent  
☐ Request clarification  
☐ Deny the request

**FINAL DISPOSITION DATE:** \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_ DATE REC'D. \_\_\_\_\_ REC'D BY \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_ PAID: Yes / No AMOUNT OWING: \$ \_\_\_\_\_

RELEASED: Yes / No DATE RELEASED/DENIED \_\_\_\_\_ INITIALS \_\_\_\_\_

COMMENTS (To include records disclosed and exemptions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_