

CITY OF MORTON
PO BOX 1089
MORTON, WASHINGTON 98356

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

DATE OF REQUEST: _____

NAME OF REQUESTING PARTY: _____

ADDRESS OF REQUESTING PARTY: _____

EMAIL: _____

PHONE # OF REQUESTING PARTY: _____

RECORDS REQUESTED:

TITLE OF RECORD: _____

DATE OF RECORD: _____

(Please describe below the records you are requesting and any additional information
that will help us locate them for you as quickly as possible)

ACTION REQUESTED:

_____ INSPECTION _____ COPYING (#of copies) _____

FORM OF VALID ID : _____

SIGNATURE OF REQUESTOR: _____

[] The Record you requested is available for pick up or available for inspection at the
Morton Police Department, Mon-Fri, 10:00am-2:00pm.

[] A fee of \$.15 per page is due at time of receipt. Cash Payment Only.

IDENTITY VERIFIED BY _____

SIGNATURE & TITLE _____

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DENIAL (see reverse side)

DENIAL: AGENCY RESPONSE

☐ The record is available with certain information deleted. (see remarks)

☐ Your request to inspect or copy the record(s) has been denied for the reasons given in the REMARKS block.

REMARKS: _____

Denial has been reviewed by the _____

SIGNATURE OF NOTIFYING EMPLOYEE: _____

DATE OF NOTIFICATION: _____

REQUESTOR NOTIFIED: ☐ IN PERSON ☐ BY CERTIFIED MAIL