

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: \_\_\_\_\_

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) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTOR

\_\_\_\_\_  
IDENTITY VERIFIED BY

\_\_\_\_\_  
SIGNATURE & TITLE



AGENCY RESPONSE

The Record you requested is attached or available for inspection at \_\_\_\_\_  
\_\_\_\_\_, copies will be made for \$.15 per copy.

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. Denial has been reviewed by the \_\_\_\_\_.

REMARKS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF NOTIFYING EMPLOYEE: \_\_\_\_\_

DATE OF NOTIFICATION: \_\_\_\_\_

REQUESTOR NOTIFIED:  IN PERSON       BY CERTIFIED MAIL