

## Requesting Public Records

Access to public records is provided in compliance with applicable laws. While the state encourages disclosure of public records, state law does allow for some information to be withheld.

Before starting a search for accessible public records, please review the Public Records section of the Revised Code of Washington, Chapters 42.56.001 through 42.56.903. Detailed information on the state Public Records Act (RCW 42.56) is also available at the Office of the Attorney General.

We are committed to responding to your request for public information in a timely manner. Within five business days (excluding holidays) of receipt of a public records request, the District will do one or more of the following:

1. Make the requested records available for inspection and copying; or
2. Acknowledge receipt of the request and provide a reasonable estimate of when the records will be available; or
3. If the request is unclear or does not sufficiently identify the requested records, contact the requestor for clarification; or
4. Deny the request in accordance with Washington law.

If you are interested in filing a public records request with the Lake Chelan School District, please complete the Request for Public Records form. Please note there is a fifteen cents (\$.15) per page charge for a standard black and white photocopy of a requested record as a reasonable charge for copies per RCW 42.56.120.

Please return your request to the Public Records Officer via mail (PO Box 369, Chelan, WA 98816); FAX to (509)682-5842; or deliver to 303 E Johnson, Chelan, WA 98816

For additional assistance, please contact our Public Records Officer, at 509-682-3515.

## Request for Public Records

Public Records Officer  
Lake Chelan School District  
303 E Johnson / PO Box 369, Chelan, WA 98816  
Phone (509) 682-3515 Fax (509) 682-5842

Requesting Party: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Specific Documents Requested: (Please describe in detail the records being requested. If possible include author or department, document or report title, date or date range.)

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

Purpose of Request:

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

I agree that documents provided pursuant to my request may not be used for commercial purposes (RCW 42.56.070). I further agree, to pay fifteen cents (\$.15) per page for standard black and white photocopies of requested records as a reasonable charge for employee time to search, duplicate and re-file records (RCW 42.56.120).

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

### FOR DISTRICT USE ONLY

Date received: \_\_\_\_\_

Request is: [ ] Approved [ ] Denied

Reason for denial: \_\_\_\_\_

Payment required: [ ] Yes [ ] No

Date available: \_\_\_\_\_

Number of pages: \_\_\_\_\_

Total due (\$0.15 per page): \_\_\_\_\_

Documents provided by: \_\_\_\_\_ Date: \_\_\_\_\_