

**CITY OF OTHELLO
PUBLIC DISCLOSURE
REQUEST FOR INFORMATION FORM
500 E. MAIN PHONE # (509) 488-5636 FAX # (509) 488-0102**

DEPARTMENT _____ DIVISION _____ DATE _____ PERSON RECEIVING REQUEST _____

REQUESTER TO COMPLETE SECTION 1

NAME OF REQUESTOR _____ ADDRESS _____ TELEPHONE _____ DATE _____

RECORDS (S) BEING REQUESTED (TITLES) _____

Use additional pages if needed.

ATTACH ADDITIONAL PAGES IF NEEDED

ACTION REQUESTED:

AUTHORIZED DOCUMENT (Attached if possible)

INSPECTION COPY
 OTHER _____
(SPECIFY)

LEGAL DEMAND SUBPOENA
 OTHER _____
(SPECIFY)

I FURTHER CERTIFY THAT I WILL NOT USE OR ALLOW USE OF THE INFORMATION PROVIDED FOR ANY COMMERCIAL PURPOSES.

SIGNATURE OF REQUESTOR: _____

CITY HALL TO COMPLETE SECTION 2

- ___ YOUR REQUEST HAS BEEN RECEIVED AND IS BEING PROCESSED
- ___ RECORD YOU REQUESTED IS ATTACHED (FOR COPY SUBMIT \$ _____)
- ___ NEED ADDITIONAL INFORMATION TO RESPOND TO THE REQUEST.
- ___ THE RECORD YOU REQUESTED IS EXEMPT FROM INSPECTION UNDER THE LAW. (SEE REMARKS)
- ___ WE DO NOT HAVE THE RECORD. (SEE REMARKS)

REMARKS: _____

CONTINUE ON REVERSE SIDE

FINAL AGENCY RESPONSE _____ ALLOW ACCESS _____ DENY ACCESS _____

DOCUMENTATION FOR REASON FOR DENIAL:

CONTINUE ON REVERSE SIDE

NOTIFICATION OF FINAL AGENCY RESPONSE DATE: _____ TIME: _____

PERSON NOTIFIED _____ BY MAIL _____ IN PERSON _____

MAILED TO ADDRESS _____

I CERTIFY THAT NOTIFICATION OF FINAL AGENCY RESPONSE WAS CARRIED OUT AS STATED ABOVE:

SIGNATURE OF NOTIFYING CLERK X _____

I CERTIFY THAT NOTIFICATION OF FINAL AGENCY RESPONSE WAS RECEIVED BY ME IN PERSON.

SIGNATURE OF REQUESTOR X _____