

South Columbia Basin Irrigation District
 Public Records Officer
 1135 E Hillsboro Street, Suite A
 P.O. Box 1006
 Pasco, WA 99301-1006
 Phone (509) 547-1735 • Fax (509) 547-8669

Date Stamp _____

Received by _____

PUBLIC RECORDS REQUEST FORM

RCW CHAPTER 42.56 PUBLIC RECORDS ACT

SECTION I. Must be completed by the requesting person, business, or agency

Name (print)		Agency	
Address		Daytime Phone	
City, State, Zip		Email Address	

Preferred Communication: Mail E-Mail Phone

Record(s) requested. Please describe the record(s) you are requesting. This form is not intended for general inquiries. Please be as specific as possible when completing your records request, including date range/time frame of the records if applicable. Your description of the record(s) must be reasonably and sufficiently identifiable to enable us to locate the record(s) you seek. Failure to provide information sufficient to identify records may cause a delay.

The District has no duty to create a record, nor is the District obligated to compile information from various records so that the information is in a form that is more useful to the requestor. Attach a separate page if necessary.

- Action requested:**
- Inspection of record(s) in person
(we will contact you for an appt.)
 - Duplication of record(s)

I agree to pay all copy charges pursuant to the fee schedule. If I have requested a list of names, I certify that the information obtained through this public records request will not be used for commercial purposes. **RCW 42.56.070(9)**

Requestor Signature _____

Date _____

SECTION II. To be completed by South Columbia Basin Irrigation District Personnel.

- No identifiable record can be located.
- The record(s) you requested is exempt from disclosure by law. (*See below*).
- Additional time is necessary to process your request. (*See below*).
- Portions of the record(s) are exempt from disclosure and have been redacted. (*See below*).
- The record(s) were e-mailed on _____ (*date*).
- The record(s) were mailed on _____ (*date*).
The amount of \$ _____ for _____ copies has been billed/received.
- The record(s) was picked up in person on _____ (*date*) by _____.
The amount of \$ _____ for _____ copies was paid upon receipt.

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- Exemption.** The document(s) you requested are exempt and/or portions of the document(s) you requested are redacted for the following reason(s):
 - Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of employees or volunteers of a public agency and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of dependents of employees or volunteers of a public agency that are held by any public agency in personnel records. **RCW 42.56.250(3)**
 - Attorney-client privileged communication(s) and/or attorney work product. **RCW 42.56.070(1); RCW 5.60.060(2)(a); RCW 42.56.290; CR 26(b)(4)**
 - Personal information in files maintained for employees, appointees, or elected officials to the extent disclosure would violate their right to privacy. **RCW 42.56.230(2)**
 - Other _____

- Additional Time.** In accordance with **RCW 42.56.520** additional time is needed to clarify the intent of the request, locate and assemble the information requested, notify third persons/agencies affected by the request, and/or determine whether any of the information requested is exempt and that a denial should be made to any or all parts of the request. I anticipate (additional) documents, if any, will be released on _____.
- Partial/Installment Release.** This is a partial or installment release. If payment is not received or the records are not claimed, the District is not obligated to fulfill the balance of this request. **RCW 42.56.120**

If you have any questions or concerns about your Public Records Act Request, please call Kellie Pierson-Geddes, Treasurer at (509) 547-1735 or email kpierson-geddes@scbid.org

SCBID Personnel Signature _____ **Date** _____