CITY OF REPUBLIC REQUEST FOR RELEASE OF INFORMATION

TODAY'S DATE: _____

THE CHARGE IS $0.15 PER PAGE.

I, the undersigned, do hereby request release of information described below to the requestor named in accordance with the following terms and conditions. I understand that the City of Republic nor their employee's individually make no warranty actual or implied, as to the accuracy of document of information released pursuant to this request. NOTE: reports are subject to review and release pursuant to public records dissemination statues, including RCW 10.97: 13.50: 42.17; 46.52 PLEASE ALLOW UP TO FIVE (5) WORKING DAYS FOR RESPONSE, although every effort will be made to facilitate your request as quickly as possible.

Please describe the documents requested. Provide as much detail as possible.

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REQUESTOR'S Name: _____ Phone Number:_____

Requestor's Address: _____ ST:_____ Zip Code:_____

Requestor's Signature: _____

The City of Republic only takes cash or checks, if paying by check, please make it payable to "City of Republic".

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FOR DEPARTMENT USE ONLY

Date request received:_____

Date request completed:_____

Request completed by:_____

Total number of pages:_____

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