

**Town of Twisp**  
**Request for Public Records**

Please print:

Name of Requestor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Reason for Request: \_\_\_\_\_

Description of Public Record(s) Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**Action on requests for public records must be taken within five (5) business days – See RCW 42.56.520**

1. Request received by: \_\_\_\_\_ Date: \_\_\_\_\_ Department: \_\_\_\_\_

2. Action taken:  
\_\_\_\_\_ Request Granted \_\_\_\_\_ Acknowledgement \_\_\_\_\_ Record Denied \_\_\_\_\_ Record withheld in part  
(Estimated response date, (See #5 & #6) (See #5 & #6)  
See #4)

3. Notification of Action Taken to Requestor: \_\_\_\_\_ Date of Notification: \_\_\_\_\_  
\_\_\_\_\_ Request granted  
\_\_\_\_\_ Need for additional time, how long: \_\_\_\_\_  
\_\_\_\_\_ Request denied  
\_\_\_\_\_ Record withheld in part

4. If additional time is needed, explain why: \_\_\_\_\_  
\_\_\_\_\_

5. If request denied or record withheld in part, name the exemption contained RCW 42.56, which authorizes withholding or denial: \_\_\_\_\_

6. If request denied or record withheld in part, explain how the exemption applies to this record: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature: Mayor or Dept. Head**