

**SPOKANE REGIONAL TRANSPORTATION COUNCIL
REQUEST FOR INSPECTION/COPYING OF PUBLIC RECORDS
(Revised Code of Washington 42.17)**

Date: _____ Time: _____

Name: _____ Company _____

Address: _____
City State Zip

Email Address: _____ Phone #: _____

IDENTIFICATION/DESCRIPTION OF RECORD(S) SOUGHT:

Please be as specific as possible. We will be able to process your request faster if you clearly identify the records you are requesting to review. Note that pursuant to RCW 42.17.320, we have five (5) business days to respond to your request. (Copy fee is \$.15 per page.)

If the record(s) sought is/are in the form of a list of named individuals, I certify, covenant, and warrant that such list will not be used for commercial purposes pursuant to RCW 42.17.260.

Signature

FOR DEPARTMENT USE ONLY:

Request received by: _____

If request granted, copy fee, if any: \$ _____

If request denied, wholly or partially, reasons are stated as follows:

REQUEST FOR REVIEW OF DENIAL OF INSPECTION:

Requester's Signature

Denial Overturned: _____

Rec'd by: _____
Staff Member

Denial Modified: _____

*Denial Upheld: _____

*Result if no action taken by end of second business day.

SIGNATURE OF DEPARTMENT HEAD: _____