**REQUEST FOR PUBLIC RECORDS**

**OKANOGAN COUNTY, WASHINGTON**

123 Fifth Avenue North, Room 150 \* Okanogan, Washington 98840
509.422.7100 \* FAX 509.422.7106

To: ljohns@co.okanogan.wa.us

**REQUESTER’S NAME:**

**MAILING ADDRESS:**

**DAYTIME PHONE:**

**1) DESCRIPTION OF RECORDS**

**2)**  **LIST EACH DEPARTMENT, OFFICE, OR OFFICIAL HAVING CUSTODY OF THE RECORDS REQUESTED:**

**After the County retrieves the requested records:**

**Date Desired:**

**The information obtained through this request will not be used for any commercial purposes. I understand and acknowledge that Okanogan County does not warrant the  accuracy or completeness of information contained in public records or any data provided electronically.**

**Date** **Place**  **Signature**