



# Request for Public Records

City of Camas  
616 Northeast Fourth Avenue  
Camas, WA 98607  
<http://www.cityofcamas.us>

Per RCW 42.56, the City of Camas has five business days to respond to requests for public records. If the information will not be available within five business days a reasonable estimate of the time to provide the record will be given. Denials will give specific reasons for the denial. RCW 42.56 prohibits the disclosure of lists of individuals when such lists are requested for commercial purposes. Requests for police records must be made on an official form obtained from the Camas Police Department.

Records requested: In order for us to locate the records you are seeking as quickly as possible, please be specific as to the records you are requesting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate box:

I would only like to review the records at this time. There is no charge to view documents.  
Name & Phone: \_\_\_\_\_

I would like electronic copies of the records emailed to me at the email address listed below.  
Email: \_\_\_\_\_

I would like copies of the records and will pick them up when they are available.  
Name & Phone: \_\_\_\_\_

I would like copies faxed to me (local calls only):  
Name & Fax Number: \_\_\_\_\_

I would like copies of the records sent to me by mail to the address listed below. I understand that if there are any reproduction and postage fees associated with the records I am requesting, the city must receive payment for the copies I have requested before sending them to me.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fees: \$0.15 per 8.5 x 11 or 8.5 x 14 inch black & white copy \_\_\_\_\_ copies  
\$0.50 per 8.5 x 11 or 8.5 x 14 inch color copy \_\_\_\_\_ copies  
\$3.00 per oversize black & white map \_\_\_\_\_ copies  
\$6.00 per oversize color map \_\_\_\_\_ copies  
\$0.50 per compact disc (CD) of public meetings \_\_\_\_\_ copies  
\$5.00 per audio tape of public meetings \_\_\_\_\_ copies  
Mailing costs will be the actual cost of postage plus shipping container

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Department Use Only

Approved \_\_\_\_\_  Denied/Reason: \_\_\_\_\_

Date received: \_\_\_\_\_

Date contacted: \_\_\_\_\_

Date viewed/delivered: \_\_\_\_\_

Fee: \_\_\_\_\_