

CITY OF SUMAS
REQUEST TO INSPECT OR MODIFY PUBLIC RECORDS

1. _____ 2. _____ 3. _____
Department Person Receiving Request Date
4. _____ 5. _____ 6. _____
Name of Requestor Address Phone#
7. _____
Records to be inspected or modified (title)
8. Records Concern:
() The Requestor () Another Individual _____
(Name and address)
- Relationship of Requestor to individual:
() Parent or Guardian () Attorney () Other _____
9. _____
Item(s) to be inspected or modified
10. Action Requested
() Inspection () Copying () Modification
11. _____
Modify item(s) to read (Use only for modification requests)
12. Authority to inspect or modify the record(s)
() Statue, regulation, or ordinance (specify) _____
() Court Order (attach if possible)
() Other (specify) _____
13. _____ 14. _____
Signature of Requestor (or method of receipt) Date

15. _____
Identity Verified by (signature and title)

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AGENCY RESPONSE

16. Processing your request has been delayed because:
() We do not have the record (see remarks)
() We need additional information (see remarks)
() We have not received a Waiver Form from _____ (see remarks)
17. Final Agency Response
() The record you requested is attached or available for inspection at _____.
() The record is available with certain information deleted. (See remarks)
() The item(s) referred to in block 9 have been ___ deleted ___ modified to read as set forth in the remarks block. (Attorneys initial ____)
() Your request to inspect, copy, or modify the record(s) has been denied for the reasons given in the remarks block. Denial has been reviewed by the city attorney.

- _____
Signature Date
18. _____
Remarks
19. _____ 20. _____
Signature of Notifying Employee Date of Notification
21. Requestor Notified () In Person () By Mail