

Please email back to:
mquinn@cityofsumas.com

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