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***