



KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926
CDS@CO.KITTTITAS.WA.US
Office (509) 962-7506
Fax (509) 962-7682

PUBLIC DISCLOSURE REQUEST FORM

All records maintained by state and local agencies are available for public inspection unless they are specifically exempted by law. You are entitled to access to public records, under reasonable conditions, and to copies of those records upon paying the costs of making the copy. In most cases, you do not have to explain why you want the records. An agency may require information necessary to establish if disclosure would violate certain provisions of law.

Name	Encompass Engineering & Surveying				1
	First	Last	MI		
Address	108 East 2nd Street		Cle Elum	WA	98922
	Street or P.O. Box		City	State	Zip Code
Phone Number	(509) 674-7433				3

You should make your request as specific as possible; it helps the agency to identify specific records you wish to inspect.

I am requesting public disclosure of

All past and future County correspondence related to this project that is normally sent to the applicant.

Schmaus NO. 4 PLAT
Job# 07074

Phone: (509) 674-7433 Fax: (509) 674-7419

TO Kittitas Co CDS
Ellensburg WA

DATE	10-17-07	JOB NO.	07074
ATTENTION			
RE: Schmaus No. 4 PLAT (Preliminary)			

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

Public Disclosure Request Form

COPIES	DATE	NO.	DESCRIPTION
10		2	w/contours, copies of PLAT
1			8 1/2 x 11 map
1			Sub-Division Guarantee
1			Closures
1			500' Radius map & list of owners
1			Application
1			County fees
*3			Overview Letter

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS * 1 copy to CDS
1 copy to Public Works
1 copy to the Health Dept

Please Give Randy of Public Works copy of Termination/Grant of Easement Afn 200707270065 provided in this submittal package.

COPY TO _____

SIGNED: 