

CITY OF GEORGE
PO Box 5277
George, WA 98824
(509) 785-5081

REQUEST FOR PUBLIC RECORDS ACCESS

REQUESTOR'S NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

RECORDS REQUESTED: Please describe the SPECIFIC records you are requesting and any additional information that will help us locate said records (dates, names, etc.). Please indicate which records you wish to photocopy (fee for plain photocopies is .15 each). Otherwise, the records will be made available for your review. If you wish the City to make copies for you and/or mail copies to you there will be a charge in addition to the per page copy charge of actual postage costs. The Revised Code of Washington states that records must be made available in a reasonable length of time. Depending on the complexity of the request, the City will endeavor to fill requests within 1-5 business days.

SIGNATURE: _____ DATE: _____

I hereby certify on oath and under penalty of law that if a list of individuals is obtained through this request for public records I will not use that information for commercial purposes.

SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

Date Received:	Received By:	Forwarded to:	Respond By (date):
Fees: Copy Charge for ___ pages @ .15 \$ _____ Other fees \$ _____ Total \$ _____		Comments:	