

CITY OF WAPATO
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

REQUEST MADE BY: In person Telephone electronic mail mail fax

HOW WOULD YOU PREFER TO BE CONTACTED?

Mail/In Writing Telephone Electronic Mail Fax

RECORDS REQUESTED:

Please describe below the records you are requesting and any additional information that will help us locate the records for you as quickly as possible. Please include dates if known.

If I am requesting a list of individuals, I certify that the records listed above will not be used for commercial purposes.

Signature of Applicant

For City Use Only

Department Receiving Request: _____

Person Receiving Request: _____

Date Request Received: _____

Records immediately provided upon request by: _____

cc: City Clerk Treasurer: _____