

Town of Eatonville
201 Center St W • P.O. Box 309
Eatonville, WA 98328
(360) 832-3361

REQUEST FOR/ACCESS TO PUBLIC RECORDS

RCW Chapter 42.56 Public Records Act

Date: _____	Department: _____	Received by: _____
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REQUESTED BY:

Name (PRINT): _____ Date: _____

Physical Address: _____

Street City State Zip

Mailing Address: _____

Street or P.O. Box City State Zip

Phone Number: _____ Email Address: _____

ACTION REQUESTED: INSPECTION COPY

RECORDS REQUESTED (be specific):

Title of Record: _____

Date of Record: _____

Please describe the records you are requesting and any additional information that will help us to locate them for you as quickly as possible, including any other persons named in the records you seek:

I agree to pay all copy charges, pursuant to Resolution 2004-B. I certify that any list of individuals obtained through this request for public records will not be used for commercial purposes (RCW 42.56.070(9)).

Signature: _____ **Date:** _____

Your request will be forwarded to the Public Records Officer. Unless otherwise notified, agency responses will be completed within five (5) business days.

Number of copies: _____ Number of pages: _____

Per page charge: _____ Total charge: _____

PLEASE NOTE: Local governments are not required to create new documents to comply with the Public Disclosure Act.