

Town of Eatonville  
201 Center St W • P.O. Box 309  
Eatonville, WA 98328  
(360) 832-3361 Fax: (360) 832-3977

**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. Form may be emailed to [townclerk@eatonville-wa.gov](mailto:townclerk@eatonville-wa.gov).

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.**