

CITY OF GOLDENDALE
1103 SOUTH COLUMBUS AVE
GOLDENDALE, WA 98620
773-3780 FAX 773-3789

REQUEST FOR ACCESS TO PUBLIC RECORDS

Department _____ Division _____

Request Date _____ Received By _____ Request Due _____

Request made by _____

Address _____

City _____ State _____ Zip _____ Phone _____

If this is an emergency request, indicate date desired _____

RECORDS REQUESTED _____

Please describe below the reason that you are requesting the above records and any additional information that may help us locate them for you:

I certify that the information and/or list of individuals obtained through this request for public records will not be used for commercial purposes.

Signature _____ Date _____

Number of copies _____

Number of pages _____

Per page charge _____

Total charge _____

RCW 42.17.320 allows five (5) business days to respond to this request.