



City of Stevenson

Phone (509)427-5970
FAX (509) 427-8202

7121 E Loop Road, PO Box 371
Stevenson, Washington 98648

PUBLIC RECORDS REQUEST FORM

Requester's Name _____

Mailing Address _____

Phone _____ Email _____

Describe the records you are requesting and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates. Attach additional pages if necessary.

If emergency request, indicate date desired: _____

After requested records are retrieved, I would like to:

- Inspect the records Receive hard copies via **mail** or **pickup** (circle one)
- Receive electronic copies via **email** or other (specify: _____)

I am willing to pay up to \$_____ for copies.

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes.

Signature and Date

Email request to: requests@ci.stevenson.wa.us

	Date	Initials	Notes	FOR USE BY PUBLIC RECORDS OFFICER
Date Received	_____	_____	_____	
Five-Day Notice Sent	_____	_____	_____	
First Installment	_____	_____	_____	
Completing Request	_____	_____	_____	
Other Installments	_____	_____	_____	
Response Completed	_____	_____	_____	

If exemptions are claimed, complete **Exemption Log**.

This form does not constitute legal advice. Consult with counsel regarding sufficiency of your public records request form.