

CITY OF GOLDENDALE
1103 South Columbus Avenue
Goldendale, Washington 98620
Ph. (509)773-3771 Fax (509)773-9171

REQUEST FOR/ACCESS TO PUBLIC RECORDS

Name _____ Date: _____

Address _____

City _____ State _____ Zip _____ Phone _____

If emergency request, indicate date desired _____

RECORDS REQUEST:

Title of Record _____

Date of Record _____

Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible, and please be specific.

I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Signature _____

*****FOR CITY USE ONLY*****

Number of copies	_____
Number of Pages	_____
Charge per page	\$ _____ .15
Cost of staff time if applicable	_____
Total Cost	\$ _____ .

Comments: _____

