



**City Clerk's Office**  
 407 Birch Ave SW, P. O. Box 810 Napavine, WA  
 98565 Phone: (360) 262-3547 Fax: (360) 262-9199  
 www.napavine.wa.gov

## Public Records Request

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.

\_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 Date

### FOR USE BY PUBLIC RECORDS OFFICER

	Date	Initials	Notes
Date Received	_____	_____	_____
Five-Day Notice Sent	_____	_____	_____
First Installment	_____	_____	_____
Completing Request	_____	_____	_____
Other Installments	_____	_____	_____
Response Completed	_____	_____	_____

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