

KLICKITAT COUNTY

PUBLIC RECORDS REQUEST



- INSTRUCTIONS
1. COMPLETE SECTION A OF FOLLOWING FORM.
 2. RETURN COMPLETED FORM TO APPROPRIATE DEPARTMENT

SECTION A – REQUESTOR/ RECORDS REQUEST INFORMATION

Date:	Name of person making request: If record(s) concern individual(s) other than requestor, please state name(s)		
Address:	City:	State:	Zip Code:
Phone Number: Email:	I wish to: <input type="checkbox"/> Inspect records <input type="checkbox"/> Receive a copy of records		
Request made: <input type="checkbox"/> in Person <input type="checkbox"/> by fax <input type="checkbox"/> by email <input type="checkbox"/> by mail			

TITLE OF PUBLIC RECORD(S)	DESCRIPTION	DATE(S) OF RECORD(S)

I UNDERSTAND THAT USE OF THE PHOTOCOPIES OF THE RECORDS RECEIVED AS LISTED ABOVE MAY BE SUBJECT TO THE RESTRICTIONS ON COMMERCIAL USE CONTAINED RCW 42.56.070(9). I AGREE TO PAY A REASONABLE STANDARD CHARGE OF \$.15 PER COPY PLUS COST OF MAILING.

SIGNATURE

DATE

E-MAIL ADDRESS

For County Department/Office Use Only.

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