



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

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**.