

CITY OF WEST RICHLAND PUBLIC REQUEST FOR RECORDS

To Be Completed By Requestor

Request Date: _____ Number of copies requested: _____

Name: _____ Phone: _____

Address: _____

Specific Documents Requested: _____

I understand and agree that the City of West Richland may impose a reasonable charge for requested documents as authorized by state law.

Signature of Requestor

Office Use Only

Date Request Received _____ By: _____

Department Referred To: _____

Releasable: () Yes () No If no, why _____

Released To Requestor:

Date Requestor Contacted: _____ Time: _____

Records To Requestor: Date: _____ Time: _____

Documents Released: _____

Fee Paid \$ _____ Coding: _____

_____ Requestor Signature

_____ Date