102 ROCHESTER ST W
RAINIER, WA 98576

PUBLIC RECORDS REQUEST FORM

NAME: _________________________________________

ADDRESS: _______________________________________

_________________________________________________

PHONE: (____)___________________

☐ I REQUEST TO INSPECT THE FOLLOWING DOCUMENT(S)
☐ I REQUEST A COPY(S) OF:

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

OFFICE USE ONLY

Received: 
Date ______/_____/______
Time ______ am/pm
By ____________________

* Ready for pickup:
Date ______/_____/______
Time ______ am/pm
Copy fees ____________

*As per RCW 42.17.250 the Town shall respond promptly to your request. Within five (5) business days after receiving a request, this agency will either:

1. provide the record(s);
2. acknowledge your request and give you a reasonable estimate of how long it will take to respond;
3. deny the request in writing, with reasons for the denial. The Town will tell you the specific exemption or other law it relies upon for the denial.