

CITY OF TOPPENISH - REQUEST FOR PUBLIC RECORD

REQUESTER: Please complete form and submit to City Clerk-Treasurer	
1) DATE OF REQUEST:	2) TIME OF REQUEST
3) REQUESTER'S NAME:	
4) REQUESTER'S PHONE NO. (Include area code):	
5) REQUESTER'S COMPLETE MAILING ADDRESS: _____ _____ _____	
6) PUBLIC RECORD REQUESTED (Please provide a description sufficient to enable a City employee to locate the requested record): _____ _____ _____ _____ _____ _____ _____ _____ _____	
7) I understand that I will be charged 15¢ per page. \$10.00 for computer printouts.	
8) REQUESTER'S SIGNATURE: X _____	

TO BE COMPLETED BY CITY STAFF:		
NO. OF COPIES	AMOUNT RECEIVED	DATE OF RECEIPT
PUBLIC RECORDS OFFICER: X		
RECIPEINT'S SIGNATURE: X		
REASON IF REQUEST DENIED: _____ _____ _____ _____		