



P.O. Box 1995 • Vancouver, WA 98668-1995
www.cityofvancouver.us

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

DATE: _____ PHONE: _____
(During normal business hours)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RECORDS REQUESTED: (Please provide as specific a description of the records you want to help us locate them for you as quickly as possible. Examples: date of record or range of dates; title of record; subject of record)

HOW DO YOU WANT THE RECORDS PROVIDED?

I want a copy of the requested records. (Note: charges for copying may be requested in advance).

I want to inspect records, but do not want a copy.

I want to inspect records and select records to be copied. (Note: charges for copying may be requested in advance).

Other: _____

I certify"

CERTIFICATION RE LISTS OF INDIVIDUALS: By submitting this request for public records which include a list or lists of individuals, I certify that I have read and understood this certification; that I understand that the City that it is prohibited from providing lists of individuals requested for commercial use (RCW 42.56.070(9)); that I understand that the City will rely upon my certification in the discharge of its official duties; and that knowingly making a false or misleading material statement to a public servant is a gross misdemeanor (RCW 9A.76.175). I hereby certify that that any lists of individuals obtained through this request for public records will not be used for commercial use.

Date: _____

Signature _____

Please hand deliver, mail, or fax your records request to:

City of Vancouver
Central Records
202 E. Mill Plain Blvd
P.O. Box 1995
Vancouver, WA 98668-1995
Or e-mail to: raelyn.mcjilton@ci.vancouver.wa.us

Phone: (3360) 487-8711

Fax: (360) 487-8719

12/6/2010