

City of Tekoa
PO Box 927
Tekoa, WA 99033
509-284-3861 Fax 509-284-3590

REQUEST FOR ACCESS TO PUBLIC RECORDS

Name _____

Address _____

City/State/Zip _____ Phone _____

Email Address _____ Dates _____

RECORDS REQUESTED: (Please describe the records you are requesting as specifically as possible. Include a date range. For example: "All Council Minutes from January 1, 2018, through July 31, 2018".)

I WISH TO: Inspect Records Receive photocopies of records* Receive electronic records

By my signature below, I certify that if my request is for lists of individuals, the list will not be used for commercial purposes. In addition, I understand that there are certain fees associated with obtaining the above information, as specified at the bottom of this form. I agree to payment of those fees by signing this request for public records. I understand that fees must be paid prior to receiving the records provided. I understand that records may be produced in installments and that the City of Tekoa may estimate the costs of records to be provided and require a 10% down payment toward those costs. I understand that the City has five business days to respond to this request.

Signature _____ Date _____

*Fees: photocopies: \$.15/page
All other copies are charged per vendor costs (e.g. records copied to CD-ROM disk, maps, etc.)

FOR OFFICE USE ONLY

Received by _____ Date _____

Notified _____ At _____ Date/Time _____

By _____ Cost _____

Received by: _____ Date _____