

# **CITY OF CENTRALIA**

## **REQUEST FOR PUBLIC RECORDS**

**\*\*Not for use to request Municipal Court or Police records\*\***

**\*\*Original must be returned to: City Clerk's Office, PO Box 609, Centralia WA 98531\*\***

Requester Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**Documents Requested (Be as specific as possible please):**

**How would you like to receive the records?** View \_\_\_\_\_ (we will contact you to set up a time)

Pick up in person \_\_\_\_\_ (we will contact you when records are ready) Mail to above address \_\_\_\_\_

E-mail \_\_\_\_\_ Email Address \_\_\_\_\_

(Refer to C.M.C. 2.10 for copy costs.)

I certify that the records or information obtained will not be used for any commercial purpose pursuant to R.C.W. 42.56.070(9).

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**Signature of Requestor**

**ACTION ON REQUEST FOR PUBLIC RECORDS MUST BE TAKEN WITHIN FIVE (5) BUSINESS DAYS PURSUANT TO R.C.W. 42.56.520.**