

**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).

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.