

TOWN OF WILBUR
14 NW DIVISION STREET, P.O. BOX 214
WILBUR, WA 99185
PHONE: 509-647-5821, E-MAIL: tow@wilburwa.com

REQUEST FOR/ACCESS TO PUBLIC RECORDS

Department _____

Date _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

If emergency request, indicate date desired: _____
Other wise a response will be given within 5 business days.

RECORDS REQUEST:

Title of Record: (Use appropriate document title and date, if known.) _____

Date of Record _____

Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible.

Washington State law, RCW 42.17.260(5), prohibits the use of lists of individuals for commercial purposes. If I or someone else uses these records for commercial purposes, I may violate the rights of the individuals named and I may be liable for damages. "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity.

I certify that the lists of individual obtained through this request for public records will not be used for commercial purposes.

Signature _____

Number of copies _____

Number of pages _____

Per page charge .15

TOTAL CHARGES

FOR STAFF USE ONLY

NO. _____

Received by: _____ Responded by: _____

Disposition of request: