



City of Yakima
OFFICE OF THE CITY CLERK
129 North Second Street Yakima,
WA 98901
Phone(509) 575-6037-Fax(509) 576-6614

Date Stamp:

Received by: _____

PUBLIC RECORDS REQUEST FORM
RCW CHAPTER 42.56 PUBLIC RECORDS ACT

SECTION 1. Must be completed by the requesting person, business or agency.

Name (Print):	Agency:
Email Address*:	Daytime Phone:
Mailing Address:	Cell Phone:
City, State, Zip:	

Record(s) requested: This must describe an identifiable record(s) and include all information that could help fulfill this request. This form is not intended for general inquiries. All records requests received, regardless of format, will be entered into the records request portal for response.

Personal information is visible only to staff by default, but requests are part of public record and your information may be released in response to a public records request.

Inclusive Time Period of Record(s): From _____ through _____

Action Requested: ☐ Electronic transmittal copy (*Email) ☐ Hard Copy**

****Hardcopy Format (if applicable)** ☐ Paper ☐ CD ☐ DVD

I agree to pay all copy charges pursuant to the City's master fee schedule. If I have requested a list of names, I certify that the information obtained through this public disclosure request will not be used for commercial purposes. RCW 42.56.070(8).

Requestor Signature _____ Date _____