

CITY OF SULTAN
319 Main Street
Sultan Washington 98294
360-793-2231

REQUEST FOR/ACCESS TO PUBLIC RECORDS

Date: _____

Time: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **e-MAIL:** _____

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

Does the record request contain a list of individuals? Yes _____ No _____
If the answer is yes, an affidavit regarding use for commercial purposes must be completed.

Signature: _____

OFFICE USE

ACTION	DATE	BY
Received by Clerk's Office	_____	_____
Referred to Department: _____	_____	_____
Letter Sent/Requester Notified	_____	_____
Record Received/File Reviewed	_____	_____
_____ Copies provided @ \$.15 per page	_____	_____