

CITY OF MONTESANO  
112 N. Main Street  
Montesano, WA 98563

(360) 249-3021  
FAX (360) 249-3690

Public Records Request

Records requested by:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of request \_\_\_\_\_ If emergency, indicate date desired \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes. I agree to pay the City of Montesano the per copy charge of \$ .15 (fifteen cents).

Signature \_\_\_\_\_

City Use Only:

Person receiving request \_\_\_\_\_

Department \_\_\_\_\_

Date received \_\_\_\_\_

Date of response \_\_\_\_\_

Number of copies provided: \_\_\_\_\_ Date provided: \_\_\_\_\_

Total charge: \_\_\_\_\_ copies at \$.15 per copy = \$ \_\_\_\_\_