CITY OF MORTON

Public Records Request Form

192 Adams Ave., PO Box 1089 · Morton, WA 98356 www.visitmorton.com
voice 360-496-6881 · cclerk@visitmorton.com or 360-496-6636 mortonpd@lewiscounty.com

Full Name _____ Phone_____

Mailing Address_____ City/State/Zip_____

E-mail Address Phone _____

RECORDS REQUESTED:

TITLE OF RECORD:_____

DATE OF RECORD:_____

(Please provide a detailed description of identifiable public records. The more specific your request, the more quickly we can process and deliver responsive records.)

_____

_____

By submitting this form, pursuant to RCW 42.56.070(8), I certify that I will not use any lists of individuals that I receive in response to this request for commercial purposes.

Requestor Signature_____

ACTION REQUESTED

{ } E-mail (When available electronically)
{ } Paper copies (.15 per page additional charges may apply – see attached) [ ] Don't mail will pick up.

FOR OFFICE USE ONLY

[ ] The Record you requested is attached or available for inspection at _____

[ ] The record is available with certain information deleted. (see remarks)

[ ] Your request to inspect or copy the record(s) has been denied for the reasons given in the REMARKS block. Denial has been reviewed by the _____.

REMARKS: _____

_____

SIGNATURE OF NOTIFYING EMPLOYEE:_____DATE NOTIFICATION_____

REQUESTOR NOTIFIED: [ ] IN PERSON [ ] BY CERTIFIED MAIL { } EMAIL