

CITY OF EPHRATA

121 Alder St SW

Ephrata WA 98823

509-754-4601

REQUEST FOR PUBLIC RECORDS

(Please Print or Type)

NAME _____

ADDRESS _____

PHONE NO. _____

RECORDS REQUESTED: Depending on the complexity of the request, City will endeavor to fill requests within 5 business days. Please be SPECIFIC as to the record(s) requested:

I hereby certify that the information obtained through this request for public records will not be used for commercial purposes.

Signature Date

Fees: B/W Copies _____ pgs at .15 each _____ Color Copies _____ pgs at .20 each _____ Packaging/Postage _____ Electronic Media at \$1.00 per disc _____ Other _____ TOTAL CHARGE \$ _____	Comments: Date Received _____ Date Notified _____ Date Released _____ Req # _____
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