

	City of Asc	otin	www.cityofasotin.org
Phone: 509-243-4411	PO Box 517		
Fax: 509-243-1223	Public Recor	rds Request Forn	1
Full Name:	Date of Request		
Physical Address:		City	State
Mailing Address:		City	State
Phone:	Fax:	Fax:E-mail Address	
	ch department) s of iden		
Fire Polic	ePublic Works	WWTP	Building Department
Asotin Municipal Cour	tBudget Adm	inistrative Services	Human Resources
Paper Copies (\$.4 Receive paper copies of the	he requested records. A depoint of the records requested records requested the records r	mail to address above osit may be required. I in person at Asotin ((don't mail. I will pick up.)
individuals that I receive	bmitting this form, pursuant in response to this request fo	r commercial purpose), I certify that I will not use any lists of es. Date:
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Important: Save this form and email, or print and mail, to City of Asotin, PO Box 517, Asotin WA 99402. Please call the Public Records Officer if you do not receive a confirmation of receipt of your email within one business day