



CITY OF TENINO

Public Records Request Form

149 S Hodgden Street, P O Box 4019
Tenino, WA 98589
(360) 264-2368

NOTE: The City of Tenino will attempt to meet your request as soon as possible within time and availability constraints. If the record(s) is not readily available you will be notified within five (5) working days as to when the records will be available. There may be a charge for the record(s) you are requesting.

To Be Completed by Requestor

Your Name: _____ Phone: _____

Mailing Address: _____
Street Address or P O Box City State Zip

Record(s) you are requesting (please be specific, include titles and dates):

How do you want the record(s) made available? _____ Review at City facility: _____
Copy provided: _____

I understand Washington State law restricts certain uses of public records, including but not limited to RCW 42.17.260 (9) prohibiting using lists of individuals for commercial purposes. I hereby declare under penalty of perjury and the laws of the State of Washington that the requested records shall not be used in violation of State law.

Your Signature: _____ Date: _____

For Internal Use Only

Date Received: _____ By: _____

Original To: _____ Department: _____

Copy To: _____ City Clerk Response due by: _____
(5 working days from date received)

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Date received by Dept: \_\_\_\_\_

Initial Action Taken: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Final Action: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

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After final action send original request and all documents to the City Clerk.

Amount due: _____ Receipt #: _____
Date paid: _____ Received by: _____