



# TOWN OF RUSTON

5117 N. WINNIFRED STREET

RUSTON, WASHINGTON 98407-6597

PHONE (253) 759-3544

FAX (253) 752-3754

## REQUEST FOR ACCESS TO PUBLIC RECORDS

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email address: \_\_\_\_\_

RECORDS REQUESTED: (Please describe the records you are requesting as specifically as possible. Include a date range if necessary. For example: "All Council Minutes from January 1, 2005 through July 31, 2006.")

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

I WISH TO:  Inspect Records  Receive photocopies of records\*  Audio tape/CD (\$5.00)

By my signature below, I certify that if my request is for lists of individuals, the list will not be used for commercial purposes. In addition, I understand that there are certain fees associated with obtaining the above information, as specified at the bottom of this form. I agree to payment of those fees by signing this request for public records. I understand that fees must be paid prior to receiving the records provided. I understand that records may be produced in installments, and that the Town may estimate the costs of records to be provided and require a 10% down payment toward those costs. I understand that the Town has five business days to respond to this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Fees: Photocopies: \$.15/page Audio Tapes/CD's: \$ 5.00 per tape  
All other copies are charged per vendor costs (e.g. records copied to CD-ROM disk, maps, etc.)

### FOR OFFICE USE ONLY

Received by \_\_\_\_\_ Date \_\_\_\_\_

Notified \_\_\_\_\_ at \_\_\_\_\_ Date/Time \_\_\_\_\_

By \_\_\_\_\_ Cost \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

Revised 04/23/08