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PUBLIC RECORDS REQUEST FORM

(Please Print)

Date of Request: _____

Name of Requestor: _____

Company/Organization: _____

Phone Number(s): _____

Fax Number: _____ Email Address: _____

Mailing Address: _____

Name and Detailed Description of Public Records or Information Requested:

I understand that I will be charged 15 cents per page for all standard and legal sized copies. I understand that my request is subject to disclosure under the Washington State Public Records Act (Chapter 42.56 RCW). I hereby certify that the information obtained as a result of this request for public records will not be used for commercial purposes in accordance with RCW 42.56.070(8).

Requestor's Signature: _____ Date: _____