

CITY OF MONTESANO
112 N. Main Street
Montesano, WA 98563

(360) 249-3021
FAX (360) 249-3690

Public Records Request

Records requested by:

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Date of request _____ If emergency, indicate date desired _____

Please describe below the records you are requesting and any additional information that will help us locate them as soon as possible.

I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes. I agree to pay the City of Montesano the per copy charge of \$.15 (fifteen cents).

Signature _____

City Use Only:

Person receiving request _____

Department _____

Date received _____

Date of response _____

Number of copies provided: _____ Date provided: _____

Total charge: _____ copies at \$.15 per copy = \$ _____.