



TOWN OF HAMILTON
 584 Maple Street PO Box 528
 Hamilton WA 98255
 (360)826-3027 tel/fax
 townofhamilton.2010@gmail.com

PUBLIC RECORDS REQUEST FORM

Requester's Name - _____

Mailing Address _____

Phone _____ Email _____

Describe the records you are requesting and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates. Attach additional pages if necessary.

After requested records are retrieved, I would like to:

- Inspect the records Receive hard copies via mail or pickup (circle one)
- Receive electronic copies via email or other (specify: _____)

I am willing to pay up to \$ _____ for copies.

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes.

 Signature and Date

	Date	Initials	Notes	FOR USE BY PUBLIC RECORDS OFFICER
Date Received	_____	_____	_____	
Five-Day Notice Sent	_____	_____	_____	
First Installment	_____	_____	_____	
Completing Request	_____	_____	_____	
Other Installments	_____	_____	_____	
Response Completed	_____	_____	_____	

If exemptions are claimed, complete **Exemption Log**.