



CITY OF SULTAN

319 Main Street; PO Box 1199
Sultan WA 98294
360.793.2231

Clerk's Date Stamp

REQUEST FOR/ACCESS TO PUBLIC RECORDS

Fax or mail completed form to:	City Clerk City of Sultan PO Box 1199 Sultan WA 98294 Fax: 360.793.3344	You can hand deliver forms to:	City of Sultan 319 Main St #200 Sultan WA 98294
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Date: _____
Time: _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ e-MAIL: _____

RECORDS REQUESTED: Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible.

Does the record request contain a list of individuals? Yes No
If the answer is yes, an affidavit regarding use for commercial purposes must be completed.

I understand and agree that the City of Sultan will charge a fee of \$0.15 per copy of copies assembled and made by the City's staff. Charges for copies regularly requested or requiring special reproduction shall be in accordance with a fee schedule established by the City reflecting the amount necessary to reimburse the City for its actual costs. Payment is required before delivery. I agree that I will not use lists of individuals for commercial purposes (for profit) nor permit others to use said records for commercial purposes.

Signature: _____ Date: _____

OFFICE USE ONLY

ACTION	DATE	BY
Received by Clerk's Office	_____	_____
Referred to Department: _____	_____	_____
Letter Sent/Requester Notified	_____	_____
Record Received/File Reviewed	_____	_____
_____ Copies provided at \$ _____ Fee	_____	_____