



The City Of Zillah

THE HEART OF WINE COUNTRY

509-829-5151 - FAX 509-829-5457

Public Records Disclosure Request

RCW 42.17.250--.340

SEE REVERSE SIDE FOR PUBLIC REQUEST INFORMATION

The undersigned requests copies of the following identified public records (Note: fees will be charges according to the City's fee schedule):

The undersigned requests an appointment to review the following identified public records at City Hall, Monday - Friday, 8:00 a.m. to 5:00 p.m.

Signature

Printed Name

_____/_____
Date Requested / Dated Needed

(____)_____/____(____)_____
Phone Number / Fax Number

Address: _____

INTERNAL USE ONLY:	
Original:	City Clerks' Office
City Clerk Review:	_____
City Attorney Review:	_____
Staff Member supplying information:	Date Action Completed:

Name: _____	Title _____
Action/Response:	

