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PUBLIC RECORDS DISCLOSURE REQUEST

The following information is to be filled out by the person requesting records:

Date of Request: _____

Requestor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

If this is an emergency request, indicate the date desired and describe the nature of the emergency:

RECORDS REQUESTED: (state the title and date of record(s) being requested)

Describe any additional information that will help us locate the records:

Requestor's Signature: _____ Date: _____

Official Use Only:

Staff person who received the Request: _____ Date: _____

Number of Copies: _____ Total Charge: _____

Staff person who provided the Records: _____ Date: _____

Client Name Receiving the Records: _____ Date: _____