



**CITY OF COSMOPOLIS**

1300 First St

PO Box 2007

Cosmopolis, WA 98537

(360) 532-9230

### PUBLIC RECORDS REQUEST

**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 records are received, I would like to:

Inspect the records

Receive hard copies via **mail** or **pickup** (circle one)

Receive electronic copies via **email** or other  
(specify: \_\_\_\_\_)

Fees are charged as allowed by RCW 42.56

Hard Copies \$.15/page

Electronic \$.10/scanned page

*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	_____	_____	_____	