



REQUEST FOR/ACCESS TO PUBLIC RECORDS

Mari Ripp, Clerk Treasurer - Email: rippm@ci.woodland.wa.us

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PO Box 9
Woodland, WA 98674
(360) 225-8281

Date of Request: _____ Request received by: _____

EXPECTED DISSEMINATION DATE: _____

Department(s) request from: _____

Requested by: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

If an emergency request, indicated date desired: _____

RECORDS REQUESTED:

Date(s) of record(s): _____

Title of record(s): _____

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

I certify that the lists of individuals obtained through this request for public records will **NOT** be used for commercial purposes.

Signature: _____ Date: _____

FOR CITY USE ONLY

Number of pages copied: _____ @ .15 cents per page blk/white = _____
@ .25 cents per page color _____

Number of E-format copied: _____ @ \$12.00 per DVD/CD _____
Conversion or scan to electronic format @ \$30/15min = _____

TOTAL AMOUNT DUE: _____

*Amount due for taped copies of meeting minutes or hearing proceedings are due **prior to** copying requested tapes. See current City Fee Resolution for complete list of applicable charges.*