



Town of Yacolt

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REQUEST FOR ACCESS TO PUBLIC RECORDS

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 please describe the nature of the emergency:

Is this for commercial use: Yes No

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

Please describe any additional information that will help us locate the records for as quickly as possible:

Requestor's Signature: _____ **Date:** _____

FOR TOWN USE ONLY

STAFF PERSON WHO RECEIVED REQUEST: _____

DATE: _____

NUMBER OF COPIES: _____ TOTAL CHARGE: _____

STAFF PERSON WHO PROVIDED THE RECORDS: _____

DATE: _____