



CITY OF KETTLE FALLS
580 Meyers Street / P.O. Box 457
Kettle Falls, WA 99141
509-738-6821

PUBLIC RECORDS REQUEST

Date of Request: _____

Requester Name: _____

Address: _____

Phone Number: _____ Email: _____

Identification of Records Requested (title and date, if known): _____

Location (department) of Requested Records (if known): _____

Is the information requested to be used for commercial purposes? Y N

Is the information requested to be inspected? (no photo copies requested)? Y N

Is the information requested to be photocopied and provided to the requester at the cost set forth in the City of Kettle Falls Public Disclosure Policy? Y N

What is the best method to contact the requester? _____

Signature of Requester

OFFICIAL USE ONLY:

Date Received: _____ Received By: _____

Action Taken: _____

