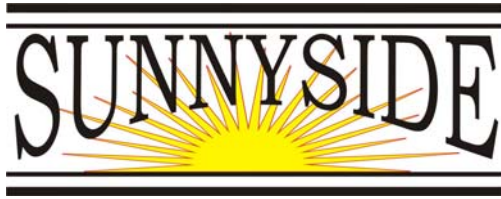


**City of Sunnyside**  
(509) 836-6310 Office  
(509) 837-3294 Fax



**Public Records Office**  
818 E. Edison Avenue  
Sunnyside, WA 98944

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**Public Records Request**

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title of Record (if known): \_\_\_\_\_

Approximate Date of Record (if known): \_\_\_\_\_

Location/Department of Record (if known): \_\_\_\_\_

Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I request copies to be made, I understand that there may be charges for duplication of these specific records per the City's published fee schedule. Further, the City of Sunnyside Public Records Disclosure Policy is available for review.

- I wish to have copies/duplicates of the records indicated above. I understand that a \$.15 per page charge will be assessed to me for these duplicate/copies.
- I wish to have electronic copies/duplicates of the records indicated above emailed to me.
- I wish to make an appointment to review the records indicated above before copies are made.

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to RCW 42.56 this form acknowledges that your request has been received. The City estimates that it will provide further response within five (5) days or as soon thereafter as a determination regarding disclosure, denial, or an exemption can be established. The City does reserve the right to extend this time frame if necessary.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
City Clerk/Public Records Officer (SMC 2.80.010)