



TOWN OF RUSTON

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TOWN OF RUSTON
5117 N WINNIFRED STREET
RUSTON, WA 98407
253-759-3544 fax 253-752-3754

REQUEST FOR ACCESS TO PUBLIC RECORDS

Name _____

Address _____

City/State/Zip _____ Phone _____

RECORDS REQUESTED (Please describe the records you are requesting):

I certify that the information obtained through this request for public records will not be used for commercial purposes. In addition, I understand that there are certain fees associated with obtaining the above information and authorize those charges by signing this request for public records. Fees must be paid prior to receiving the information provided. I also understand that according to RCW 42.17.320 the Town of Ruston will notify me within five (5) days as to the availability of this information.

Signature _____ Date _____

For Office Use Only:

Received by _____ Date _____

Date of Notification _____ Total Charge _____

Received by _____ Date _____

Fees: Photocopies - \$.15 per sheet copied
Tapes - \$ 5.00 per tape
All other copies of maps, cd's and other documents are charged per vendor costs

(03/06)