



CITY OF SNOHOMISH

P.O. BOX 1589 | SNOHOMISH, WASHINGTON 98291 | (360) 568-3115 | WWW.SNOHOMISHWA.GOV

REQUEST FOR PUBLIC RECORDS

CONTACT INFORMATION - At least one form of contact is needed

Printed Name:		Date:
Mailing Address:		
Phone Number:	Email:	

RECORD(S) REQUESTED

Title of Record:	
Date or Date Range of Record(s):	
Please describe the records you are requesting and any additional information that will help us locate them for you as quickly as possible:	

This request and the information contained herein is subject to release via public disclosure (RCW 42.56).

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

Signature: _____

FOR CITY USE ONLY

Date Received:	By:		
Date Completed:	By:		
# of pages:	# of copies:		
Charge per page:	Postage:		
TOTAL CHARGE:	\$		