



# REQUEST FOR PUBLIC RECORD

**City of Hoquiam**  
Office of the City Clerk  
609 8<sup>th</sup> Street  
Hoquiam, WA 98550  
360-532-5700

Name: \_\_\_\_\_

Address: (street, city, zip) \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

***PLEASE NOTE - A RESPONSE WILL BE MADE BY THE 5<sup>th</sup> WORKING DAY  
FOLLOWING THE RECEIPT DATE OF THIS REQUEST***

Describe the records you are requesting. Please be as specific as possible to avoid delays in processing your request. I understand that if a list of individuals is provided to me by the City of Hoquiam, it will not be used to promote an election of an official or to promote or oppose a ballot proposition. I will also not use any list for commercial purposes or to give or provide access to material to others for commercial purposes. I understand I will be charged 15 cents per single sided 8.5" x 11" page (RCW 42.56). Other sized copies may be available at a higher cost.

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Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY - INFORMATION TO BE COMPLETED BY CITY STAFF**

Request received by: Date: \_\_\_\_\_ Time: \_\_\_\_\_

This request was satisfied on \_\_\_\_\_ by \_\_\_\_\_

Request was not satisfied because \_\_\_\_\_

Request was denied because: \_\_\_\_\_

Responsible staff: \_\_\_\_\_ Provided to requestor: \_\_\_\_\_ Mailed: \_\_\_\_\_