



Public Records Request Form
Yakima Valley Conference of Governments

311 N 4th Street, Suite 204
Yakima WA 98901
PH: 509-574-1550 FX: 509-574-1551

Name (print)		City, State	
Address		Zip	
Email Address		Phone	

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

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If I request copies to be made, I understand that there may be charges for duplication of these specific records per YVCOG's fee schedule.

<input type="checkbox"/> Inspection	<input type="checkbox"/> Copy	Document(s)	Picture(s)
Desired Audio/Video format, if applicable:			
<input type="checkbox"/> Audiotape	CD / Cassette	<input type="checkbox"/> Video	DVD / VHS

I agree to pay all copy charges pursuant to Yakima Valley Conference of Governments fee schedule. If I have requested a list of names, I certify that the information obtained through this public disclosure request will not be used for commercial purposes. [RCW 42.56.070\(9\)](#).

Requestor Signature _____ Date _____

YVCOG Response & Assigned Tracking Number:

- Record(s) will be inspected in person at YVCOG. Appointment Date: _____ Time: _____
- The record(s) were picked up. Signature _____ Date _____
- The record(s) were emailed by: _____ Date _____
- The amount of \$ _____ for _____ Copies/ Audiotape/Videotape was paid upon receipt (Receipt # _____)
- No identifiable record can be located.
- Deny Access – The records you have requested are legally exempt from public disclosure by the following authority: _____
- Additional time is necessary to process your request. [RCW 42.56.520](#) Records expected: _____

Requestor Notification:

Person Contacted: _____ by mail in person by phone by email

Person Completing Request: _____ by mail in person by phone by email

Date: _____ Time: _____ I made YVCOG's final response as stated _____
