



City of Colfax  
Phone (509) 397-3861  
Fax (509) 397-3044  
www.colfaxwa.org/records-request  
depclerk@colfaxwa.org

**Records Request**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

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

I prefer to receive the information in the following format:

- In person  Email  Mail  Fax:

I certify and declare under penalty of perjury under the laws of the State of Washington, that the information provided is true and correct.

I certify that any lists of individuals obtained through this request will not be used for commercial purposes per RCW 42.56.070(9).

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

Date and Time: \_\_\_\_\_

**Requested Information**

Please describe the records you are requesting and any additional information that will help us locate the records.

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

**For Official Use Only**

Requestor was advised report was ready on \_\_\_\_\_

# of copies \_\_\_\_\_ @ \$.15/ea = \$ \_\_\_\_\_ # of CD's \_\_\_\_\_ @ \$5.00/ea = \$ \_\_\_\_\_ Total Due: \$ \_\_\_\_\_

ID Checked Date Released: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Forwarded To: \_\_\_\_\_