

TOWN OF LYMAN
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Lyman, WA 98263

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REQUEST FOR PUBLIC RECORDS

The following information is to be filled out by the person requesting records:

Date of Request: _____
Requester's Name _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____

If this is an emergency request, indicate the date desired and please describe the nature of the emergency:

RECORDS REQUESTED: (Please state the title and date of the record(s) being requested)

Please describe any additional information that will help us locate the records for you as quick as possible:

Please indicate how you would like the records delivered to you:

Mail Fax Email

Requestor's Signature: _____

For Town Use Only

Staff person who received the Request: _____

Number of Copies: _____ **Total Charge:** _____

Staff person who provided records: _____

Date: _____ **Client name who received records** _____