



CITY OF LONGVIEW
1525 Broadway
Longview, Washington 98632-7080
360.442.5041

REQUEST FOR INSPECTION AND COPYING OF PUBLIC RECORDS
Longview Municipal Code Chapter 2.10.020(2)

Date: \_\_\_\_\_

Requester's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

RECORDS REQUESTED:

Title of Record: \_\_\_\_\_

Date of Record: \_\_\_\_\_

Please describe below the record(s) you are requesting. Any additional information will help us locate them for you as quickly as possible.

Four horizontal lines for describing the records requested.

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

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

FOR DEPARTMENT USE ONLY

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Person receiving request: \_\_\_\_\_

Number of copies: \_\_\_\_\_ Number of pages: \_\_\_\_\_ Per page charge: \_\_\_\_\_

TOTAL CHARGE: \$ \_\_\_\_\_