



TOWN OF WOODWAY

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206.542.4443 • 206.546.9453 fax

www.townofwoodway.com

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT CLEARLY

Name:

Street Address:

City, State, ZIP:

Mailing Address (if different):

City, State, ZIP:

Telephone:

Alternate Telephone:

Email:

DESCRIPTION OF REQUEST:

Please be as specific as possible with the type of information you are requesting; include address of property, file name or number, owner of property, time period, etc.)

Is the information requested a **list of individuals** to be used for a mailing list for commercial purposes? Yes No

Signature _____

Date _____

Request Received By:	Fee:
Date:	Receipt #:
Time:	
Date Information Provided: _____ (Payment is to be made when information is provided.)	

Responses to requests for public records will be made within five business days of receipt of request.

RCW 42.17.320

(Ordinance No. 228, Passed 10/02/1989)