

CITY OF DAYTON

111 South 1ST Street

Dayton, Washington 99328
(T) 509.382.2361 (F) 509.382.2539 (W) www.daytonwa.com

REQUEST FOR PUBLIC RECORDS

Date:	
Name:	
Mailing Address:	
Telephone:	
E-mail (if applicable):	
An accurate description of the record(s) being requested:	
he City of Dayton has five (5) business days in which to res	spond to your request by:
1.) Providing an inspection and/or copy(s) of the infor	rmation requested;
2.) Written response acknowledging the receipt of the estimate of the time in which a record will be made as	request and a reasonable vailable, or;
3.) Denial of the request. If said request is denied, a war accompany the denial setting out specific reasons for t RCW 42.17.310(1).	ritten statement will he denial as prescribed by
questor's Signature	Date

	Official Use:		
	Date request was received: Received by: Date of Response by City Official:		
	Summary of Documents provide (must attach photo copy of all documents provided):		
	Other:		
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