



Yakima Valley Emergency Management
 2403 South 18th Street, Ste. 200
 Union Gap, WA 98903
 (509) 574-1900 – Fax (509) 574-1901
www.yakimacounty.us/OEM
EmergencyManagement@co.yakima.wa.us

PUBLIC RECORDS REQUEST FORM

RCW CHAPTER 42.56 PUBLIC RECORDS ACT - To be completed by the requesting person, business, or agency.

Name: (print) _____ Agency: _____

Address: _____ Daytime phone: _____

City, State, Zip _____ Cell Phone: _____

Email Address: _____

Records requested must be identifiable. Please be as specific as possible when requesting records. When possible, please provide timeline (date/year to date/year), names, type of document, etc. Providing specific information will allow us to process your request more efficiently. This form is not intended for general inquires.

Method of Record Review – Please select one:

Do not make copies, but arrange for in person inspection at department, I may request copies of specific records after in person review.

Mail copies

Email

Hold copies for pickup

Signature of Requester

Date Submitted

The following must also be signed ONLY if you request any list of individuals.

Pursuant to RCW 42.56.070(8), I declare under penalty and the laws of this state of Washington that I will NOT use records containing a list of individuals for commercial purposes.

Signed this ___ day of _____, 20__ at _____(city), ___ (state).

Requester's Signature _____

If you have any questions or concerns about your Public Records Request, please call the Public Records Officer at (509) 574-1900 or EmergencyManagement@co.yakima.wa.us.