

LCCD 1310 Morgan St, Post Office Box 46, Davenport, WA 99122

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REQUEST FOR PUBLIC RECORD

Date of Request	Requester:	Phone Number: ()
	·	, ,
	Company:	Fax Number: ()
		Email address:
Address		City/State/Zip:
NAN	ME AND DESCRIPTION OF PUBLIC R	RECORDS OR INFORMATION REQUESTED
IVAL	VIE AND DESCRIPTION OF PODEICT	RECORDS ON INFORMATION REQUESTED

sized copies, or actual cost incurred by the agency per chapter 42.56.120 RCW.

Requester's Signature____