

Hand deliver, mail, fax or email to:
Yakima Housing Authority
Attn: Public Records Officer
810 North 6th Avenue
Yakima, WA 98902
Telephone: (509) 453-3106
Fax: (509) 494-7080
E-mail: publicrecordsofficer@yakimahousing.org

YHA Public Records Request Form (Please Print Clearly)

DATE OF REQUEST \ TIME OF REQUEST

REQUESTOR INFORMATION

NAME _____ ADDRESS (P.O. Box or Street, Apt./Suite, City, State, Zip) _____

Phone or Cell Phone (Include Area Code) _____ Fax (Include Area Code) _____ E-mail _____

Preferred Method of Contact (Phone, Fax, E-mail, Mail): _____

RECORDS REQUESTED

Please describe the records or information contained in records that you are requesting. Include where possible, or if known, inclusive dates, project names, program names, record types, or location/department where records kept. Use additional pages if necessary. _____

Records are requested for (please check): INSPECTION _____ COPYING _____ BOTH _____

NOTE: There is no charge to inspect records. If copies are requested, charges may apply as set forth in YHA's Public Records Policy.

PROHIBITION OF RECORDS FOR COMMERCIAL PURPOSES

I certify and declare under penalty of perjury that any list(s) of individuals obtained through this request for public records will not be used for any commercial purposes, pursuant to RCW 42.56.070.

SIGNATURE OF REQUESTOR DATE

FOR STAFF USE ONLY

Date /Time Received Received By Forwarded To

5-day Reply Sent: _____ . Clarification of Request Needed: Yes ___ No ___

Large Record Request: Yes ___ No ___ . Initial Estimate of Time to Produce Records: _____

Records in Installments: Yes ___ No _____. If Yes, date first installment made available _____

Number of Copies Requested: _____ .

Format of Reproduction (Photocopy, Scan/PDF, Other): _____

Charges per policy (specify how calculated): _____

Date Paid: _____ . Payment Type: _____ . Processed by: _____

