



**Public Records Office**  
Yakima Valley College  
PO Box 22520 · Yakima, WA 98907-2520  
509.574.4635 · Fax 509.574.4638  
Email: [mjensen@yvcc.edu](mailto:mjensen@yvcc.edu)

**REQUEST FOR PUBLIC RECORDS**

1. IDENTIFICATION		
Name of Requester	Date of Request	Time of Request
Representing (if applicable)	Email address	Telephone
Street Address	City	State/Zip Code

**II. NATURE OF REQUEST**

Please be as specific as possible in defining the records you wish to see. If you do not know the specific name of the records you desire, indicate by a general written description of the type and content of information you wish to locate. Where possible, indicate limiting dates, topic, and person(s) referenced. Attach additional sheets if necessary. (An additional page is available at the end of this form.)

I choose to inspect the records at no charge before selecting copies.  
 I choose to request reproduction of the records.

I hereby certify that if a list of individuals is provided to me by Yakima Valley College, it will neither be used to promote the election of an official or to promote or oppose a ballot proposition as prohibited by RCW 42.17.130 nor for commercial purposes or to give or provide access to materials to others for commercial purposes as prohibited by RCW 42.56.070 (9). I further understand that I will be charged 15 cents per page for all standard and legal sized copies reproduced.

Requester's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

**III. DISPOSITION OF REQUEST**

Request referred to:

	<u>Name/Department</u>	<u>Date Sent</u>
<input type="checkbox"/> Office in Custody of Record	1. _____	_____
	2. _____	_____
	3. _____	_____

**ACKNOWLEDGMENT SENT**      Date: \_\_\_\_\_      By: \_\_\_\_\_

**Charge:** Requester must pay in advance by check made payable to Yakima Valley College. Remit to Cashier, Deccio Higher Education Center, Yakima Campus. Upon receipt of check, requested materials will be released from the Public Records Office.

No charge; the request was less than 20 pages.  
 \_\_\_\_\_ Copies @ 15¢ per page for a total of \$ \_\_\_\_\_.

**REQUEST CLOSED**      Date: \_\_\_\_\_      By: \_\_\_\_\_

Reasons for Closure:

If you need this publication in an alternate format, please call 509.574.4635 or email [mjensen@yvcc.edu](mailto:mjensen@yvcc.edu). Persons with hearing loss can call 509.574.4677.



Request Number: \_\_\_\_\_

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**Additional Space Section II: Nature of Request**