



Walla Walla Valley Metropolitan Planning Organization

Public Information Request Form

Please complete all the fields on this form to request inspection or copies of public records. Save the completed form and email as an attachment to edawson@wwvmpo.org or mail to the WWVMPO at the address listed above.

Date:		
Full Name:		
Mailing Address:		
City:	State:	Zip:
Phone Number:		
Email Address:		

Records Requested

Please provide a detailed description of the public record(s) you are requesting in the box below.

Action Requested

- Email – electronic copies will be sent to the email address provided above
- Mail – paper copies will be mailed to the address provided above; cost is 15 cents per page plus postage
- Pickup at MPO Office – paper copies will be available for pickup at the office during business hours, 8:00 AM-5:00 PM, Monday-Friday (except holidays); cost is 15 cents per page
- Inspection – paper copies will be available for inspection at the MPO office during business hours, 8:00 AM-5:00 PM, Monday-Friday (except holidays)

Commercial Usage

By submitting this form, pursuant to RCW 42.56.070(9), I certify that I will not use any lists of individuals that I receive in response to this request for commercial purposes.

Signature _____



Walla Walla Valley Metropolitan Planning Organization

For WWVMPO Staff Use Only

Date Request Received _____

Date Request Completed _____

Request granted

Number of pages copied ____ x \$.15= \$ _____

Postage \$ _____

TOTAL FEE \$ _____

Email sent

Inspection time scheduled

Request denied

Reason:
