

Walla Walla Valley Metropolitan Planning Organization/ Sub-Regional Transportation 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 andy@wwvmpo.org or mail to the WWVMPO at the address listed above

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				
	Pickup at MPO Office – paper copies will be	be available for p	ickup at the office during		
	business hours, 8:00 AM-5:00 PM, Mond	day-Friday (excep	t holidays); cost is 15 cent	s per	
	page	, , , ,	<i>, ,,</i>	'	
	<u>Inspection</u> – paper copies will be available for inspection at the MPO office during business				
	hours, 8:00 AM-5:00 PM, Monday-Friday (ex	•			
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: Date:					



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For WWVMPO Staff Use Only

Date R	equest Received Date Request Completed
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