



A Community Partner,  
Helping People to Help Themselves

# Walla Walla Housing Authority

501 Cayuse Street  
Walla Walla, WA 99362  
509-527-4542 \* Fax 509-527-4574

Hearing-impaired, use statewide relay service 1-800-833-6384  
www.wallawallaha.org \* wwha@wallawallaha.org



## REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Request made:  in person  by phone  by fax  
 by mail  by e-mail

**Records Requested:** (Please provide specific description of the records you want, e.g. title of records, subject of records date of records, range of dates, etc. Attach additional sheets if needed)

\_\_\_\_\_  
\_\_\_\_\_

I wish to  inspect records  receive a copy of the requested records. (15¢/page charge for 8½x11 copies, plus postage if applicable; other sizes and formats at actual cost.)

Contact me if copying/scanning cost is greater than \$\_\_\_\_\_.

If this request is for a list of individuals, is the list to be used for commercial purposes?

Yes  No

**Requestor's Signature:** \_\_\_\_\_

**Please hand-deliver, mail or fax your records request to:**

Rosanna Morgan

Vice-President Administrative Support

509-522-7815

Email: wwha@wallawallaha.org

To be completed by WWHA	
Date Received	
Five-Day Response Due/Sent	
Notification of Records Available	
Request Completed	