



PUBLIC RECORDS REQUEST FORM

Requests for public records are governed by RCW 42.56. Upon receiving a request for public records, the City will respond within five (5) business days by either providing the record or making an acknowledgement of the request and providing a reasonable estimate of time that will be required to provide or deny the request, with specific reasons for the denial.

Date of request: Name of requestor:

Address:

City: State: Zip:

Phone: Email address of requestor:

Title of record/s (if known):

Date of record/s (if known):

Location of record (Department, if known):

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.

Blank lines for describing records.

I understand there is a minimum of \$.10 per page that may be charged for duplication of these specific records. I agree to prepay duplication charges associated with my request.

- I wish to have copies/duplicates of the records indicated above.
I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

- Mailed to me. (Please make sure that you have provided your mailing address above).
Call me and I will pick up in person.
E-mailed to me (if files are too large to e-mail, the City will contact you to make other arrangements).

Signature of requestor

Date

Note: Lists of individuals obtained through this request for public records will not be used for commercial purposes per RCW 42.56.070(9).

For City Staff use only:

Date received: Name of employee receiving request:

Comments:

Blank lines for staff comments.

Request denied: Yes No Copies provided: Yes No Amount Owed: Receipt#

Date Completed: Request completed by: