

PUBLIC RECORDS REQUEST FORM



CONTACT INFORMATION (Please print clearly)

Name (*First and Last*): _____

Mailing Address: _____
City State Zip

Phone #: _____

Email: _____

PREFERRED TYPE OF RESPONSE (Please circle one): EMAIL / MAIL / PHONE

REQUESTED INFORMATION* (Please print clearly)

I REQUEST TO INSPECT THE FOLLOWING DOCUMENT(S):

I REQUEST A COPY(S) OF:

**As per RCW 42.56.080 the City shall respond promptly to your request. Within five (5) business days after receiving a request, this agency will either:*

- 1. provide the record(s) as requested;*
- 2. acknowledge your request and give you a reasonable estimate of how long it will take to respond;*
- 3. deny the request in writing, with reasons for the denial. The City will tell you the specific exemption or other law it relies upon for the denial.*

FOR OFFICIAL USE ONLY

RECEIVED

By: _____
Date: _____
Time: _____

READY FOR PICKUP

Date: _____
Time: _____

COPY FEES

Total Fees: \$ _____
Date Paid: _____