



# REQUEST FOR PUBLIC RECORDS

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

Address: (street, city & zip) \_\_\_\_\_

Residence Phone: ( ) \_\_\_\_\_ Cell/Business: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

PUBLIC RECORDS/INFORMATION BEING REQUESTED: (please be specific and detailed/attach additional sheets if necessary)

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

### ***REQUESTOR TO READ AND SIGN UPON SUBMITTING REQUEST***

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained will not be used for commercial purposes. I understand I will be charged the following fees:

Paper Copies: 15 cents per 8 1/2 x 11 page each. Other sized copies are available at a higher cost.

Electronic Records: 10 cents per page for records scanned into electronic format; 5 cents for every 4 electronic files or attachments uploaded to an email, cloud storage service or other electronic delivery system; 10 cents per gigabyte for transmitting records electronically. Technology expertise fees to prepare data compilations or customized electronic access services that are not used by the City will be charged at actual cost to the City and a 10% deposit of the estimated fees will be required. Do you want your records emailed? \_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date of Request

## **INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY CITY STAFF**

This request is best handled by Department \_\_\_\_\_

The schedule for this request is as follows:

**5-day response rule begins one working day post receipt. Responsible staff must advise the Deputy City Clerk, on or before day 5, if documents are not able to be produced within five working days.**

Was 5-Day Letter Sent? \_\_\_\_\_ No \_\_\_\_\_ Yes / Date \_\_\_\_\_ 5-Day Letter Attached

Location of Records: \_\_\_\_\_ On Site \_\_\_\_\_ Off Site at \_\_\_\_\_

Notes: \_\_\_\_\_

This request was satisfied by providing the records requested on: \_\_\_\_\_

These records were redacted or withheld / Reason: \_\_\_\_\_

This request was denied / Reason: \_\_\_\_\_

## **ACKNOWLEDGEMENT OF RECEIPT UPON COMPLETION OF REQUEST**

**(Completed request form to be filed with the City Clerk's Office)**

\_\_\_\_\_  
Signature Acknowledging Receipt

\_\_\_\_\_  
Date of Receipt

\_\_\_\_\_  
Time of Receipt

**City Representative:** \_\_\_\_\_ **Number of Copies/Electronic Records:** \_\_\_\_\_ **Fee: \$** \_\_\_\_\_