CITY OF BELLINGHAM

Public Records Officer • 210 Lottie Street • Bellingham, WA 98225
Phone: (360) 778-8132 • Fax (360) 778-8271 • web site: www.cob.org

REQUEST FOR PUBLIC RECORDS

City Policy ADM 07.04.01 RCW 42.56

SECTION 1: FOR CITY USE ONLY
Date:
Request Number:
Department:
Request received by:

INSTRUCTIONS:
Employee receiving request completes **Section 1,** except for the request number. Requester completes **Section 2** if request is made in person, otherwise employee receiving the request completes it. Attach legal or other explanatory documents. Route this form to the Assistant City Attorney/Public Records Officer to complete **Section 3.** Employee notifying requester completes **Section 4.**

This completed form is an open public document and may be released to any requester.

SECTION 2: Records Request

Name of Requester:	Phone:	Email address:	
Address:	City:	State:	Zip:

I wish to: ☐ inspect ☐ receive a copy of the following specific records(s)

Request made:
☐ in person
☐ by phone
☐ by fax
☐ by mail
☐ by email
Attach request

To assist with record identification, list names of other persons named in the records you seek, if known.

Your request will be forwarded to the Public Records Officer. Unless otherwise notified, agency response will be completed within five (5) working days.

SECTION 3: Agency Response

☐ Allow Access Charge is $.15 for each photocopy.
Charge for other types of copies is City's actual cost.

☐ Deny Access The records you have requested are legally exempt from public disclosure by the following authority.

☐ We Do Not Have The Record(s)

SECTION 4: Requester Notification

Name of person notified:	Date:	Time:

☐ by mail ☐ by phone
☐ in person ☐ by email

I made the City's final response as stated.
Signature:

Routing: Original to Public Records Officer Copy to Requester