



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 Support Services Manager/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 <input type="checkbox"/> inspect <input type="checkbox"/> receive a copy of the following specific record(s)	Request made: <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by email Attach request
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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

<input type="checkbox"/> ALLOW ACCESS	Charge is \$.15 for each photocopy. Charge for other types of copies is City's actual cost.
<input type="checkbox"/> DENY ACCESS	The records you have requested are legally exempt from public disclosure by the following authority:
<input type="checkbox"/> WE DO NOT HAVE THE RECORD(S)	

SECTION 4: Requester Notification

Name of person notified:	Date:	Time:
<input type="checkbox"/> by mail <input type="checkbox"/> by phone <input type="checkbox"/> in person <input type="checkbox"/> by email	I made the City's final response as stated. Signature:	
Routing Original to requester Copy to Public Records Officer		