

PUBLIC RECORDS REQUEST FORM

(Resolution 515-14)

Public Records Act RCW 42.56

PLEASE PRINT

NAME(S) OF REQUESTOR: _____
PHONE #: _____ Email: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____

Special Handling:

- Please mail copies Please hold for pick-up
(Payment is required before mailing)

Request was made:

- In Person By Phone By Mail (Attach Request)

Description of Records sought (Please be as specific as possible as to what you seek and any additional information that will assist in quickly locating them.)

I, the above identified person(s), certify that the information obtained through this REQUEST for PUBLIC RECORDS will not be used for commercial or illegal purposes. I agree to pay a reasonable standard charge of \$.15 per copy plus cost of mailing.

SIGNATURE OF REQUESTOR:

DATE:

FOR DEPARTMENT USE ONLY:

Action taken on Request, and Reason taken on action if request denied in whole or part:
 Allow Access Deny Access We Do Not have the Record(s)
Request Received By: _____ Date Action Taken: _____
Number of Copies: _____ x.15 Staff Time: _____
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