

CITY OF LYNDEN

ADMINISTRATION DEPARTMENT
(360) 354 – 1170, Option #5



Records Request Form Public Records Act- RCW 42.56

Requestor's Name	
Address	
City, State, Zip	
Phone Number	
Email	
Specifically describe the records requested: Title/Types of records / Dates (If known)/ Names of Others Concerned	

Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. By signing below, you are certifying that the information obtained through this request for public records will not be used for commercial purposes.

Requestor's Signature _____

Date _____

FOR CITY USE ONLY	
Date Request Received: _____	Request Received Via: <input type="radio"/> Email <input type="radio"/> In-Person <input type="radio"/> Telephone <input type="radio"/> USPS
Date the 5-Day Notice Sent: _____	Request Routed To: _____
Records Provided Via: <input type="radio"/> Email <input type="radio"/> USPS <input type="radio"/> Picked Up	If Records Withheld, Cite Exemption: _____ <input type="radio"/> Prohibited from Disclosure by Attached Authority: _____
Not Provided Request Denied: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> City does not have records	
Access Provided-Request Closed: _____	

Request Completed By: _____ Date Completed: _____