



ADMINISTRATION DEPARTMENT
 Mike Martin, City Administrator
 (360) 354 - 1170

Public Records Act – RCW 42.56 Records Request Form

Requestor's Name			
Address			
City, State, Zip			
Phone Number		Email Address	
Please describe the SPECIFIC records you are requesting and provide additional information (dates, names, etc.) that will assist City staff in locating records that are responsive to your records request.			
Title of Record(s):	<input type="checkbox"/> Schedule time to inspect record(s) <input type="checkbox"/> Receive copies of the record(s) mailed to me <input type="checkbox"/> Pick up copies <input type="checkbox"/> Contact me before copying if charges exceed \$ _____		
Date(s) of Record(s) -If known:	<input type="checkbox"/> Receive Electronic Copies Via Email <input type="checkbox"/> Other _____		
If the Record(s) concerns individual other than requestor, please state name(s):			
Additional information that may assist in locating the records:			

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 Signature _____

Date _____

For City Use Only

Date Request Received: _____	Request Received Via: <input type="checkbox"/> Email <input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Postal Mail
Date the 5-Day Notice Sent: _____	Department(s) Request Routed To: _____
Records Provided to Requestor by: <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail <input type="checkbox"/> Picked Up Request Denied: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Records are Withheld Cite Exemption: <input type="checkbox"/> Prohibited from Disclosure by Attached Authority
<input type="checkbox"/> Access Provided- Request Closed <input type="checkbox"/> City does not have record(s)	Request Completed By: _____ Date Completed: _____