



# Public Records Request Form

Please describe the records you are requesting and provide any additional information to help locate the records as quickly as possible. Use appropriate document title and date, if known.

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See attached sheet with additional requests

I would like to:

- inspect the records at no charge (I may request copies after inspection).  
 receive copies of the records after paying required copying charges.

**Limitation on Use for Commercial Purposes**

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 lists of individuals obtained through this request for public records will not be used for commercial purposes.

Name

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Address

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City, State, Zip

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E-Mail Address

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**Sign Here**

**Date**

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*For City Use Only*

**Public Records Provided**

Date Request Received	_____	Date Completed	_____
Number Range (if any)	_____	to	_____
Number of Pages	_____	x \$ .15 = \$	_____
Other Fees	_____	+ \$	_____
<b>TOTAL CHARGE</b>	<b>\$</b> _____		

**Public Records Not Provided**

- Requested Documents Not Found
- Documents or Portions of Documents Exempt (see below)

Certain documents requested are exempt from disclosure or contain exempt information that has been redacted. ( additional exemption log attached)

**EXEMPTED DOCUMENTS**

Document Type/Description	Date	Author/Recipient	Exemption/Basis	# of pg(s)

**Event Tracking**

Event	Dated	Initials
Date Received:	_____	_____
Request Circulated:	_____	_____
Five-Day Notice Sent:	_____	_____
Date for First Installment:	_____	_____
Date for Completing Request:	_____	_____
First Installments Provided:	_____	_____
Other Installments Provided:	_____	_____
Response Completed:	_____	_____
Request to be managed by:	_____	_____