



Phone: (360) 629-2181 | Fax: (360) 629-3009

PDR No. _____

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

All records requests must be reviewed by the City Clerk

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.

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. I am willing to pay up to \$ _____ for those copies (regular copies are .15 per page. Other fees may apply).

Name

Address

City, State, Zip

Phone

Email Address

Sign here

Date

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 this form, you are certifying that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Records were received by: _____ Date: _____

Signature





For City Use Only

ALL REQUESTS FOR DISCLOSURE OF PUBLIC RECORDS MUST BE REVIEWED BY THE CITY CLERK PRIOR TO BEING FILLED

Public Records Provided

Date Request Received: _____ Date Completed: _____
 Number of Pages: _____ x \$.15 = \$ _____
 Other Fees: _____ \$ _____
 TOTAL CHARGE: \$ _____

Public Records Not Provided

Requested Documents Not Found
 Documents or Portions of Documents Exempt (see log 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 Pages |
|---------------------------|------|------------------|-----------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Event Tracking

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

