



Public Records Disclosure Request

RCW 42.56

4800 South 188th Street, SeaTac WA 98188-8605 – 206.973.4800

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please describe below the record(s) you are requesting and any additional information that will help us locate the record(s) for you as quickly as possible. Failure to provide information sufficient to identify the record(s) may cause delay.

- I wish to have copies/duplicates of the record(s) indicated above. (Note: fees will be charged according to the City's Fee Schedule). Please select one: mail the records I will pick up the records.
- I wish to make an appointment to review the record(s) indicated above before copies are made.

I certify that any list(s) of individuals obtained through this request for public records will not be used for commercial purposes, pursuant to RCW 42.56.070.

Signature: _____ Date: _____

ALL REQUESTS FOR PUBLIC RECORDS MUST BE RECEIVED IN THE OFFICE OF THE CITY CLERK.

For Internal Office Use Only

City Clerk's Office:

1. Date received by City Clerk: _____ By _____

2. Departments routed to: _____ Date: _____

3. Request for Public Records: _____ Approved _____ Denied (in whole or in part, please list reasons)

4. Date Request completed: _____ 5. Fee paid _____

Departments providing records:

6. Action Taken (Please describe which records are being supplied, in what format, and searching methods used:)

7. Approximately how much time did it take to research for and provide records: _____

Legal Department review (if applicable):

8. Comments: _____

Date

City Attorney's Signature