

230 2<sup>nd</sup> Street  
 Raymond, WA 98577

ph 360.942.4100  
 fax 360.942.4137

**REQUEST FOR PUBLIC RECORDS**

-Requests must be sent to the address above -

Requester Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**RECORDS REQUESTED:** Please describe the SPECIFIC records you are requesting and any additional information that will help locate said records (dates, names, etc.). RCW 42.56.520 requires that response/action on a request for public records be taken within five (5) business days. The copy cost is \$0.15 per page for sizes 8.5" x 14" or less, \$1.00 per page for sizes greater than 8.5" x 14", and \$5.00 per square foot for colored maps. You may ask to inspect records rather than receiving copies.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that Washington State Law (RCW 42.56.070(9)) prohibits the use of lists of individuals for commercial purposes. If applicable to this request, I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use the list of individuals obtained from this request for commercial purposes. If applicable, I also acknowledge that I am solely responsible for any consequences or damages arising from my commercial use of the list of individuals I am obtaining.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>FOR OFFICIAL USE ONLY</b>      PRR #: _____</p> <p>Forwarded to: _____</p> <p>Respond by Date: _____</p> <p>Extension Date: _____</p> <p><b>Action Taken</b>      Date: _____</p> <p><input type="checkbox"/> Approved, request fulfilled.</p> <p><input type="checkbox"/> Forward to City Attorney for review.</p> <p><input type="checkbox"/> Record partially withheld. Notified Requester with reason.</p> <p><input type="checkbox"/> Clarification needed from Requester. Contacted for clarification &amp; notified of revised estimate of when records will be available.</p> <p><input type="checkbox"/> Denied: Notified requester of reasons for denial.</p> <p><input type="checkbox"/> All copies and correspondence attached.</p>	<p>Date Received: _____</p>
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**ACTION RECOMMENDED BY CITY ATTORNEY**

Comment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 8/2019