

230 2nd Street
Raymond, WA 98577

ph 360.942.4100
fax 360.942.4137

REQUEST FOR PUBLIC RECORDS

-Requests must be sent to the address above or by fax-

Requester: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

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: _____ Place of Signing: _____

FOR OFFICIAL USE ONLY

Date Received: _____ Response Required by: _____

Request forwarded to: _____ Date forwarded: _____

Action Taken

- Approved, request fulfilled. Notified Requester records are available and where. If copies requested and payment or deposit on payment has been made; copies sent.
- Request to be denied; IMMEDIATELY forward to City Attorney for review.
- Record partially withheld. Notified Requester with reason for partial withholding listing exemption(s) cited. Copy of letter attached.
- Evaluation necessary. Estimate ___ days needed for final response. Notified Requester. Copy of letter attached.
- Clarification needed from Requester. Contacted for clarification & notified of revised estimate of when records will be available. Copy of letter attached.
- DENIAL APPROVED: Department to notify Requester by mail of reasons for denial.

Comment: _____

ACTION RECOMMENDED BY CITY ATTORNEY

Signature: _____ Date: _____