



**REQUEST FOR PUBLIC RECORDS**

19100 44TH AVE W  
PO BOX 5008  
LYNNWOOD, WA 98046  
425-670-5161

Date of Request: \_\_\_\_\_

Name of Requestor and/or Company: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**DESCRIPTION OF RECORD(S) REQUESTED: Please make your request as clear and specific as possible, including the title and date of the record(s) to avoid delays in locating records.**

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

**Preferred Format (if available):**

Electronic  Paper  Audio  Video  Visual Inspection at No Charge\*

**REQUESTOR TO READ AND SIGN**

I understand that if a list of individuals or businesses is provided to me, it will not be used to promote the election of an official, or promote /oppose a ballot proposition as prohibited by RCW 42.17.130. Nor will it be used for commercial purposes, or to provide access to material(s) to others for commercial purposes as prohibited by RCW 42.17.260/42.56.070. Further, **I understand I will be charged 15 cents per letter- or legal-sized, black and white, single-sided document(s) and 30 cents for double-sided documents. The fee charged for other types and sizes of copies will equal the City's actual cost for duplication.**

Having read the above stated conditions, I hereby consent to each of them.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

**NOTE TO RESPONSIBLE STAFF:**

RCW 42.56.520 requires the City Clerk's Office to respond to the Request of Public Records within five (5) business days of receipt of the request by providing one of the following: (1) the record(s); or (2) acknowledging receipt of the request and providing a reasonable estimate of when the City can respond; and (3) deny the request and state the reasons for denial.

**ACKNOWLEDGEMENT OF RECEIPT UPON COMPLETION OF REQUEST**

\_\_\_\_\_  
Signature of Requestor Upon Receipt

\_\_\_\_\_  
Date of Receipt/Denial

\_\_\_\_\_  
Clerk's Office Representative

Total number of Pages Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

Receipt: # \_\_\_\_\_

\* Visual inspections of records will be monitored by a City staff member

