



9605 NE 24th Street  
Clyde Hill, WA 98004  
Phone: 425-453-7800  
Fax: 425-462-1936

### Public Records Request

Requests accepted by mail, fax, or in-person only. We do not accept Records Requests by phone or email.

The following information is to be filled out by the person requesting records.

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

Name of Requestor: \_\_\_\_\_

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address of Requestor: \_\_\_\_\_

Title of Record(s) (if known): \_\_\_\_\_

Date of Record(s) (if known): \_\_\_\_\_

Location of Record (Department - if known): \_\_\_\_\_

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may result in denial of the request.

Sample

I understand I may review records without charge. I further understand that if I request copies, I must pay the City's actual per page cost, plus the actual reproduction cost of non-paper records. I agree to prepay all duplication charges associated with my request.

- I wish to have copies/duplicates of the records indicated above.
- I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

- Mailed to me
- Call me and I will pick up in person

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 46.56.070(9)

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

**For City Staff use only:**

Date received:	Comments:
Date completed:	
Request denied:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No      Fee \$ _____      Total \$ _____
Request completed by:	