



City Clerk ♦ P.O. Box 1960 ♦ Buckley, WA. 98321 ♦ 360.829.1921 ♦ Fax 360.829.2659

Public Records Request

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 specifically describe the records you are requesting, including any information that will assist us in locating the records for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.

I understand there is a minimum of \$.15 per page that may be charged for duplication of requested records. If materials such as maps, etc. need to be copied by an outside source, then I understand that I will pay the actual amount invoiced to the City by the Vendor. I understand that I may be asked to pay a deposit for duplication of large requests.

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

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

- Mailed to me (The actual costs of postage and the container or envelope used for mailing shall be charged.)
- Call me and I will pick up in person
- E-mailed to me (If files are too large to e-mail or cannot be provided in electronic format, the City will contact you to make other arrangements.)

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 42.56.070(9). A violation of this certification may result in criminal liability.

Signature _____

Date _____

For City Staff use only:

Date received: _____	Comments: _____
Request denied: ___Yes ___No	Copies provided: ___Yes ___No Fee \$ _____ Total \$ _____
Date completed: _____	Request completed by: _____