



REQUEST FOR PUBLIC RECORDS

Name of Requestor: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Title and Approximate Date(s) of Records Indicated Below: _____

Location/Department of Record (if known): _____

Case/Record/Parcel # (if known): _____

Please describe the records you are requesting and any additional information that will help us locate them for you. Failure to provide sufficient information to identify the records may increase the time necessary for production.

REQUESTOR TO READ AND SIGN

If I request copies to be made, I understand there is a charge of \$0.15 for single-sided copies on 8.5 x 11 or 8.5 x 14 paper. Other sized copies, maps and media are priced at actual cost incurred by the City. The cost for mailing will be charged. For large or costly requests, a deposit may be required in advance. If records are provided in installments, payment must be made for each installment as it is provided. **If requesting Police Records, please send the request directly to the Police Department at 19321 44th Ave W, Lynnwood WA 98036 or fax to 425-672-6835.

I wish to have copies of the records provided to me in the following manner:

- Copies sent electronically; if unable to email due to size of file, records will be provided on a CD; actual cost for CD and postage will apply.
Copies mailed; fees for copies and postage as described above will apply.
Copies to be picked up at City Hall, 19100 44th Ave W, Lynnwood; fee for copies will apply.
I will make an appointment to review the records only, at no charge. Please notify me by phone email

I understand that secondary dissemination of this information is prohibited unless in compliance with RCW 10.97 and RCW 42.56. Additionally, 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).

HAVING READ THE ABOVE STATED CONDITIONS, I HEREBY CONSENT TO EACH OF THEM

Signature: _____ Date: _____

For Office Use Only

Received by: _____ Date: _____ PRR#: _____

Request received via: Phone Fax At counter Mail email

Acknowledgement letter sent: _____ Notification letter sent: _____ Date request completed: _____

By: _____ Time Spent: _____ Fee: _____ Receipt #: _____