



REQUEST FOR PUBLIC RECORDS

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

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

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

Location/Department of Record (If Known): \_\_\_\_\_

Title and Approximate Date of Record: \_\_\_\_\_

Case/Record/Parcel # (If Known): \_\_\_\_\_

Please describe the records you are requesting and any additional information that will help us locate them for you as quickly as possible. Failure to provide sufficient information to identify the records may cause delay in processing your request.

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

If I request copies to be made, I understand there is a charge of \$.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 also be charged to the requestor. For large or costly requests, a deposit may be required in advance. **\*\*If requesting Police Records, please send directly to the Police Department at 1635 Grove St. Marysville WA 98270 or fax to 360-659-7667\*\***

- I wish to have copies of the records indicated above provided and will pick them up, reproduction fee will apply.
- I wish to have copies of the records indicated above provided and mailed to me, reproduction and postage fee will apply (prepayment may be required).
- I wish to make an appointment to review the records indicated above before copies are made.

I realize that requesting records and not paying for the associated costs may mean that I must pay for them before the next request will be released.

I understand that secondary dissemination of this information is prohibited unless in compliance with RCW 10.97 and RCW 43.56. 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).

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Tracking #: \_\_\_\_\_

Request Received Via:  Phone  Fax  In Person  Letter  E-mail

5 Day Letter Sent: \_\_\_\_\_ Notification Letter Sent: \_\_\_\_\_

Date Request Completed: \_\_\_\_\_ Processed by: \_\_\_\_\_ Time Spent: \_\_\_\_\_

Fee: \_\_\_\_\_ Receipt Number: \_\_\_\_\_