OFFICE OF THE CITY CLERK
Jodi Warren, MMC

38624 SE River Street
PO Box 987
Snoqualmie, WA 98065

Office: 425-888-1555 x 1118
Fax: 425-831-6041

www.ci.snoqualmie.wa.us
jwarren@ci.snoqualmie.wa.us

REQUEST FOR PUBLIC RECORD

Name: _____

Address: (*street, city & zip)* _____

Residence Phone: (_____)_____ Business:(_____) _____ Cell:(____)_____

Email Address: _____

PUBLIC RECORDS/INFORMATION BEING REQUESTED:*(please be specific and detailed/attach additional sheets if needed)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

I would like to:

□ inspect the records at no charge (I may request copies after inspection.)

□ receive copies of the records after paying required copying charges. I understand I will be charged .15 cents per single-sided, 8-1/2 x 11 page. Other sized copies may be available at a higher cost. I am willing to pay up to $____ for those copies. Please contact me if the charges exceed this amount.

Public documents and records are available to the public as required under the Washington State Public Records Act (RCW 42.56). The information contained in all correspondence with a government entity may be disclosable to third party requesters under the Public Records Act

REQUESTOR TO READ AND SIGN UPON SUBMITTING REQUEST

Limitation on Use for Commercial Purposes

Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. By signing this form, you are certifying that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

_____ _____

Signature of Requestor Date of Request

INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY CITY STAFF

This request is best handled by Department _____ Division _____

Therefore, for purposes of processing, a copy of this request was provided to:_____ On: _____

Copied to supervisor: _____ The schedule for this request is as follows:

5-day response rule begins one working day post receipt....responsible staff must advise the City Clerk, on or before day 5, if documents are not able to be produced within five working days

Day 1: _____ **Day 2:** _____ **Day 3:** _____ **Day 4:** _____ **Day 5:** _____

Was 5-Day Letter Sent? ☐No ☐Yes/Date:_____ ☐5-Day Letter Attached

Location of Records: ☐On Site ☐Off Site in Box/ID # _____

Notes: _____

_____

☐This Request Was Satisfied/Date: _____

☐ Requested documents do not exist.

☐ Documents or portions of documents that contain exempt information has been redacted.

☐ Documents or portions of documents exempt.

ACKNOWLEDGEMENT OF RECEIPT UPON COMPLETION OF REQUEST

(Completed request form to be filed with the City Clerk's Office)

_____ _____

Signature Acknowledging Receipt Date of Receipt

City Representative:_____ **Number of Copies:** _____ **Fee:$**_____