

CITY OF PORT TOWNSEND
REQUEST FOR PUBLIC RECORDS



Submit request to: City of Port Townsend City Clerk Phone: (360) 379-5045
250 Madison St. Suite 2 Fax: (360) 385-4290
Port Townsend, WA 98368

Date received : _____ Received by: _____

REQUESTOR'S NAME (PLEASE PRINT): _____

ADDRESS: _____
STREET CITY ZIP CODE

TELEPHONE NUMBER: _____
HOME WORK CELLULAR

E-MAIL: _____

I WISH TO (CHECK ONE) _____ Review a Record _____ Obtain photocopies of a record

Please describe the records you are requesting and any additional information that will help us locate them for you as quickly as possible:

I understand that there may be charges for duplication of these specific records. If the request exceeds 9 pages, a minimum of \$0.15 per page for standard photocopies will be charged to the requestor. I understand the Public Records Officer may require a deposit from me in an amount not to exceed ten percent of the estimated cost of providing copies for a request. If a request is made available on a partial or installment basis, the Officer may charge me for each part of the request as it is provided. If an installment of a records request is not claimed or reviewed within 30 days, I understand that the City is not obligated to fulfill the balance of the request.

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes. (RCW 42.56.070)

I understand that pursuant to RCW 42.56.520 the City will respond within five (5) business days, either by providing the information requested, providing a reasonable estimate as to when the records will be available, or by denying the request. Five day response begins one working day after receipt of request.

Signature: _____

(Staff to Complete the following)

Date Request fulfilled: _____ Date Request denied: _____

Written explanation of denial attached, pursuant to RCW 42.56.520: _____

Other information and record of contacts with requestor: