



PUBLIC RECORDS REQUEST FORM

City Clerk's Office

33325 Eighth Avenue South ▪ Federal Way, WA 98003

PHONE: 253-835-2540 ▪ FAX: 253-835-2509

www.cityoffederalway.com

Name: _____ Date _____

Mailing Address: _____ City & Zip Code _____

Daytime Phone: _____ Email: _____

Prefer to be contacted by: Phone E-mail

Location of the Record(s) Requested, if known (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration/Mayor's Office | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Public Works (Engineering/SWM) |
| <input type="checkbox"/> Community Development (Planning/Building) | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Performing Arts & Event Center |
| <input type="checkbox"/> Finance Department | <input type="checkbox"/> Parks Department/FWCC | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Other: _____ | |

Title and Date (date range) of the requested record(s), if known:

Please provide specific description of the requested record(s) and any additional information that will help identify the records you are requesting:

CHECK ONE:

- I wish to make an appointment to review the records before copies are made.
- I wish to have copies/duplicates of the records requested and understand charges may apply per RCW 42.56.
- I wish to have the documents scanned transmitted electronically either via email or uploaded to the city's FTP site, if possible and understand charges may apply as outlined in RCW 42.56.

By signing below:

- I understand that if a list of individuals is provided to me by the City of Federal Way such list may not be used for commercial purposes as prohibited by RCW 42.56.
- I understand I will be charged a copy/scan fee of no more than what is allowable under RCW 42.56.
- I also acknowledge the city may provide records on a partial or installment basis with a charge of ten percent (10%) of the estimated cost of duplicating the requested records.

X _____
Signature of Requestor

Date

Date Received:	PDA/Tracking #:	Fees:	Date Closed:
_____	_____	_____	_____