



City of Federal Way
 City Clerk's Office
 33325 Eighth Avenue South ■ Federal Way, WA 98003
 PHONE: 253-835-2540 ■ FAX: 253-835-2509
www.cityoffederalway.com

Date Recd. _____

PUBLIC RECORDS REQUEST FORM

Name: _____

Mailing Address: _____ City & Zip Code _____

Phone: _____ Email: _____

Prefer to be Contacted By: Phone E-mail I want: to review records copies of records.

PUBLIC RECORDS/INFORMATION BEING REQUESTED: *Please be specific. Information such as date range, department where records are located and document titles are helpful if known. Attach additional sheets if necessary.*

REQUESTOR TO READ AND SIGN UPON SUBMITTING REQUEST

I understand that Public Records Act requests may not be used to promote the election of an official or promote or oppose a ballot proposition as prohibited by RCW 42.17A. 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. Further, I understand I will be charged a copy/scan fee of .15 cents per single-sided, 8 1/2 X 11 page (double-sided pages are .30 cents); rolled plans vary from \$5.00 - \$7.00 per page. I also understand other sized copies are available at a higher cost.

X _____
 Signature of Requestor

 Date of Request

INTERNAL USE ONLY –TO BE COMPLETED BY CITY STAFF	PDA#
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This request was provided to _____ on _____

Staff must advise the City Clerk, on or before day 5, if records are not able within five working days.

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

Was 5-Day Letter Sent? No Yes – Attach Copy New Due Date: _____

Location of Records: On Site Off Site - Box Number(s): _____

This Request Was Satisfied/Date: _____

This Request Was Not Satisfied/Reason: _____

This Request Was Denied/Reason: _____

ACKNOWLEDGEMENT OF RECEIPT UPON COMPLETION OF REQUEST

X _____
 Signature Acknowledging Receipt

 Date of Receipt

City Representative: _____ Number of Copies: _____ Fee \$ _____ Attach copy of receipt