



City of Edgewood Request for Public Records

2224 104th Avenue East, Edgewood, WA 98372-1513

Phone: 253-952-3299 ♦ Fax: 253-952-3537

Date Received: _____

Any fees associated with the records request will be charged according to the City's adopted fee schedule and must be paid before the records will be released. You will be notified if charges apply prior to your request being filled. It may take up to five business days to receive a response from the City.

Requester Name: _____	Phone: _____	Fax: _____
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Mailing Address: _____

Email Address: _____

I would like to:
 Inspect/view records at City Hall
 Have the records emailed to me if possible
 Purchase hard copies

Request Made: <input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By email <input type="checkbox"/> By fax <input type="checkbox"/> In writing (not on this form or email) <small>(attach a copy of any written request to this form.)</small>	Date of Request: _____
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Please provide a detailed description of the record(s) you are requesting, including date(s) if known. The City may contact you for clarification. _____

I understand that Washington State Law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. I understand that the use for commercial purposes of said records may also violate the rights of the individual(s) named therein and may subject me to liability for such commercial use. I understand I will be liable for the same should the information in said records be provided by me to another party for commercial use. I understand that "commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individual(s) named in the record for the purpose of facilitating profit-expecting activity. Therefore, I do hereby swear and affirm on oath and under penalty of law that I will not use said records for commercial purposes and that further, it is my affirmative duty to prevent others from using said records for commercial purposes. I do further swear or affirm on oath under penalty of law that I will protect and hold harmless, including the costs of defending, the agency and its agents and employees from which I have obtained said records from any and all claims arising either directly or indirectly from the commercial or otherwise inappropriate use of said records.

Signature: _____ **Date:** _____

For City Use Only

Date Record Released: _____ **Fee \$:** _____ **Receipt #:** _____

Released by: _____ **Description of Document(s):** _____ (attach copy if possible)

5-Day Notice Sent **Date:** _____ (attach copy) **Estimated Date of Release:** _____

Record Denied Reason: _____ (attach written denial.)

Record Withheld in Part Reason: _____ (attach written denial.)

Comments/Notes:

