



# CITY OF PACIFIC PUBLIC RECORDS REQUEST FORM

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Requestor Address: \_\_\_\_\_

Street

Suite/Apt

City

State

Zip Code

Requestor Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Request Made:  In Person     In Writing     Telephone     Fax     Email  
Preferred Delivery:  Pick Up     U.S. Mail     Email (provide address)     Fax (provide number)     On-Site Inspection

**Record Request Information:** To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection) and the medium requested.

I agree to pay the actual cost of duplicating, scanning, and/or mailing copies of the requested public records.

Requestor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

CITY USE ONLY		
ROUTING	COST	DISPOSITION
PRR No. _____ Date Received _____ Staff Name _____ Dept. _____ Dept Forwarded To _____ Date _____ Request forwarded to Attorney for review: <input type="checkbox"/> Yes <input type="checkbox"/> No    Date _____ Authorized for Release <input type="checkbox"/> No (explain) <input type="checkbox"/> Yes _____	Est. Duplication Cost _____ Est. Delivery Cost _____ Personnel Cost _____ Est. Total Cost _____ Deposit Amount _____ Actual Cost _____ Date Paid _____ Comments: _____ _____ _____	<input type="checkbox"/> Request Granted Date Delivered _____ <input type="checkbox"/> Record Withheld in part (explain) <input type="checkbox"/> Req. Denied (attach explanation) <input type="checkbox"/> Other: _____ _____ _____  Scanned Date _____ Filed request form with Clerk _____ Date _____

Fax: 253-929-6026, Attn: City Clerk  
Email: [astevenson-ness@ci.pacific.wa.us](mailto:astevenson-ness@ci.pacific.wa.us)  
Mail: City of Pacific, 100 3rd Ave SE, Pacific, WA 98047