



FOR CITY USE ONLY

**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, including dates. 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. I understand that the City is prohibited from disclosing lists of individuals to requestors for commercial purposes and do hereby swear under penalty of law that I will not use or allow others to use such public records for commercial purposes.

Requestor's Signature

Date

CITY USE ONLY

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

Fax: 253-939-6026, Attn: City Clerk

Email: Records@ci.pacific.wa.us

Mail: City of Pacific, Attn: City Clerk, 100 3rd Ave SE, Pacific, WA 98047