CITY OF FIRCREST

115 Ramsdell Street, Fircrest, WA 98466
253-564-8901 FAX 253-566-0762

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

NAME _____Representing _____

ADDRESS_____PHONE_____

DESCRIPTION OF RECORD (Include Title of Record and Date/s)

(If you need additional room, please attach a second page)

AFFIDAVIT:

I understand that Washington State law limits certain uses, including but not limited to RCW 42.17.130, prohibiting using lists of persons to promote election of persons or for promotion or opposition of ballot measures and RCW 42.56.070(9), prohibiting using lists of individuals for commercial purposes. **By submitting this form, I hereby declare under penalty of perjury, under the laws of the State of Washington, that the requested records shall not be used in violation of State law.**

_____ _____
Signature Date

1)

_____ _____
Person Receiving Request Date

2) Request Approved ( ) Request Denied ( )
Reason for Denial _____

_____

Person Approving or Denying Request _____ Date _____
(Signature)

3) Request Filled by Department(s)_____ Date Filled: _____
Charges $_____ (Staff: Make second copy for vault file)

4) Notification to Pick Up Date/Time & Who notified _____ By _____

5) Date Picked Up_____ Receipt No:_____ (Return this form and vault copies to City Clerk)

(See reverse)