

**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 42.17A.555, 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)