City of Federal Way
City Clerk's Office
33325 Eighth Avenue South ▪ Federal Way, WA 98003
PHONE: 253-835-2540 ▪ FAX: 253-835-2509
www.cityoffederalway.com

Date Recd.

PUBLIC RECORDS REQUEST FORM

Name:_____

Mailing Address: _____ **City & Zip Code** _____

Phone: _____ **Email:**_____

Prefer to be Contacted By: ☐ **Phone** ☐ **E-mail** **I want:** ☐ **to review records** ☐ **copies of records.**

PUBLIC RECORDS/INFORMATION BEING REQUESTED: *Please be specific. Attach additional sheets if necessary.*

_____

_____

_____

REQUESTOR TO READ AND SIGN UPON SUBMITTING REQUEST

I understand that if a list of individuals is provided to me by the City of Federal Way, it will neither be used to promote the election of an official or promote or oppose a ballot proposition as prohibited by RCW 42.56; nor is it construed as giving authority to give, sell or provide access to lists of individuals requested for commercial purposes as prohibited by RCW 42.56 Further, I understand I will be charged a copy/scan fee of .15 cents per single-sided, 8 ½ X 11 page (double-sided pages are .30 cents); rolled plans vary from $5.00 - $7.00 per page. I also understand other sized copies are available at a higher cost.

X_____ _____
Signature of Requestor **Date of Request**

INTERNAL USE ONLY –TO BE COMPLETED BY CITY STAFF PDA#

This request was provided to _____ **on** _____

Staff must advise the City Clerk, on or before day 5, if records are not able within five working days.

Day 1: _____ ***Day 2:*** _____ ***Day 3:*** _____ ***Day 4:*** _____ ***Day 5:*** _____

Was 5-Day Letter Sent? ☐No ☐Yes – Attach Copy **New Due Date:** _____

Location of Records: ☐On Site ☐Off Site - Box Number(s): _____

☐This Request Was Satisfied/Date: _____

☐This Request Was Not Satisfied/Reason: _____

☐This Request Was Denied/Reason: _____

ACKNOWLEDGEMENT OF RECEIPT UPON COMPLETION OF REQUEST

X_____ _____
Signature Acknowledging Receipt **Date of Receipt**

City Representative: _____ Number of Copies: _____ Fee $ _____ *Attach copy of receipt*