



City of Port Orchard

216 Prospect Street, Port Orchard, WA 98366
(360) 876-4407 • FAX (360) 895-9029

REQUEST FOR PUBLIC RECORDS Chapter 42.56 RCW-Port Orchard Municipal Code 1.18

INSTRUCTIONS:

Employee receiving the request completes **Section 1**. Requestor completes **Section 2** if request is made in person; otherwise employee receiving the request completes the form. Attach legal or explanatory documents. Route this form to the City Clerk/Public Records Officer to complete **Section 3**. Employee notifying Requestor completes **Section 4**.

SECTION 1: FOR CITY USE ONLY	
DATE:	
DEPARTMENT:	
REQUEST RECEIVED BY:	

This completed form is an open public document and may be released to any requester.
SECTION 2: Records Request

Name of Requestor:	Phone:	Email address:	
Address:	City:	State	Zip

To assist with record identification, list names of other persons named in records you seek, if known:

I wish to inspect receive a copy of the following record(s): <i>(Please describe the documents in detail additional pages can be attached)</i>	Request made in writing: <input type="checkbox"/> in person <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by e-mail
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I certify or declare that any list of individuals obtained will not be used for any commercial purpose.

Signature of Requestor: _____ Dated: _____

Your request will be forwarded to the Public Records Officer. Unless otherwise notified, agency responses will be completed within five (5) business days.

SECTION 3: Agency Response	
<input type="checkbox"/> ALLOW ACCESS <input type="checkbox"/> DENY ACCESS <input type="checkbox"/> WE DO NOT HAVE THE RECORD(S)	Charge is \$.15 for each photocopy (black and white, 8 1/2 x 11). Charge for other types of copies is the City's actual cost. The records you have requested are legally exempt from public disclosure by the following authority:

SECTION 4: Requestor Notification

Name of person notified:	Date:	Time:
<input type="checkbox"/> by mail <input type="checkbox"/> by phone <input type="checkbox"/> in person <input type="checkbox"/> by e-mail staff time _____ _____ _____	I made the City's final response as stated. Signature: _____	

Routing: Original to City Clerk/Public Records Officer Copy to Requestor

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Documents given to the Requestor:

Date Mailed to Requestor: _____

Note:

Legal Opinion – CONFIDENTIAL, NOT FOR RELEASE TO PUBLIC – RCW 5.60.060:
