

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 _____	_____
_____	Deposit	_____
Date _____	Amount _____	<input type="checkbox"/> Req. Denied (attach
Request forwarded to	Actual	explanation)
Attorney for review:	Cost _____	<input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	_____
Date _____	Paid _____	_____
Authorized for Release	Comments:	_____
<input type="checkbox"/> No (explain) <input type="checkbox"/> Yes	_____	_____
_____	_____	Scanned
_____	_____	Date _____
_____	_____	Filed request form with
_____	_____	Clerk _____
_____	_____	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fax: 425-622-9412, Attn: Public Records Officer

Email: deputyclerk@lakestevenswa.gov

For Police Records Email: pdrecords@lakestevenswa.gov

Police Fax: 425-334-9842

Mail: City of Lake Stevens, Attn: Public Records Officer, Post Office Box 257, Lake Stevens, WA 98258