



## CITY OF LAKE STEVENS PUBLIC RECORDS REQUEST FORM

Requestor Name:			Date:			
Agency:						
Requestor Addres	s:	Street			Suite/Apt	
		Street			Suite/Apt	
	City			State	Zip Code	
Requestor Phone:		Cell:	Emai	1:		
Request Made:	☐ In Person	☐ In Writing	☐ Telephone	☐ Fax	□ Email	
Preferred Delivery □ Fax (provide nu		Jp □ U.S. Mail	☐ Email (pro		ess) ite Inspection	
<b>Record Request Information:</b> To expedite the request, be as specific as possible in describing the records being requested, including dates. Also, please include the type of access requested (copying or inspection) and the medium requested.						
I agree to pay the actual cost of duplicating, scanning, and/or mailing copies of the requested public records. I understand that the City is prohibited from disclosing lists of individuals to requestors for commercial purposes and do hereby swear under penalty of law that I will not use or allow others to use such public records for commercial purposes.						
Requestor's Signa	ture		Date			
Acknowledgemen	t of Receipt of F			0.5.		
Requestor's Signature & Date						

CITY USE ONLY						
ROUTING	COST	DISPOSITION				
PRR No	Est. Duplication	☐ Request Granted				
Date Received Staff Name Dept Dept Forwarded To	Cost Est. Delivery Cost Personnel Cost Est. Total Cost	Date Delivered  ☐ Record Withheld in part (explain)				
Date Request forwarded to Attorney for review:  □ Yes □ No Date Authorized for Release □ No (explain) □ Yes	Cost Deposit Amount Actual Cost Date Paid Comments:	☐ Req. Denied (attach explanation) ☐ Other: ☐ Scanned Date Filed request form with Clerk				

Fax: 425-334-0835, Attn: Public Records Officer

Email: <u>deputyclerk@lakestevenswa.gov</u>

For Police Records Email: pdrecords@lakestevenswa.gov
Mail: City of Lake Stevens, Attn: Public Records Officer, Post Office Box 257, Lake

Stevens, WA 98258