



# City of Tukwila Request for Public Records

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Description of record(s) requested (request must be **clear** and **concise** to avoid delays):

## REQUESTOR TO READ AND SIGN

The documents provided by this request will not be used for commercial purposes, or to provide access to material(s) to others for commercial purposes as prohibited by RCW 42.56.070(9). Further, I understand I will be charged **\$.15 per single-sided, standard-size document (8-1/2 x 11 or 8-1/2 x 14). Double-sided copies are \$.30 each. The cost for oversized documents or those sent out for reproduction will be billed to the requestor.**

**Contact the City Clerk's Office at 206 433-1800 with questions**

*Having read the above-stated conditions, I hereby consent to each of them.*

Signature of requestor: \_\_\_\_\_ Date: \_\_\_\_\_

### Please choose one of the following options to submit your request:

- Email the completed form as a PDF to [TukwilaCityClerk@tukwilawa.gov](mailto:TukwilaCityClerk@tukwilawa.gov)
- Fax the completed form, Attention City Clerk, to 206 433-1833
- Deliver the completed form in person or by mail to:  
Tukwila City Clerk, 6200 Southcenter Blvd., Tukwila, WA 98188

## FOR STAFF USE ONLY -- Copies of this request were provided to:

Name \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_

*Above staff to respond to City Clerk's Office by:* \_\_\_\_\_

**Note to responsible staff:** RCW 42.56.520 requires (in part) a WRITTEN RESPONSE within 5 working days of the request. The 5-day rule begins one business day post receipt. Upon hearing from you, the City Clerk's Office will prepare the 5-day letter, notifying the requestor of an approximate date records will be ready; or, if the information sought is exempted by statute. Contact the City Attorney's Office with specific questions.

Day 1	Day 2	Day 3	Day 4	Day 5
				Response to requestor on or by: _____

General notes (and/or) reason for delay or inability to produce records: \_\_\_\_\_

## COMPLETION OF REQUEST

Date \_\_\_\_\_ Number of Copies \_\_\_\_\_ Amount paid \$ \_\_\_\_\_ Cash  Check  Receipt # \_\_\_\_\_