



PUBLIC RECORDS REQUEST
(RCW 42.56)

DEPARTMENT: _____

NAME: _____ **DATE:** _____

TELEPHONE: _____ **E-MAIL:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

IDENTIFICATION/DESCRIPTION OF RECORDS(S) SOUGHT:

Be as specific as possible in describing the records you seek. Your description must be sufficient to make the records reasonably locatable by City staff.

Date Range of Records You are Requesting: Starting date _____ Ending date _____ (Ending date cannot be a future date)

ELECTRONIC RECORDS:

(Yes) (No) Mark "Yes" if you would like the City's search for responsive records to include records held in digital format (e.g., emails). If "Yes," digitally-stored records may be searched electronically, using key words. If possible, state the key word(s) to be included in these search(es) such that you would consider the electronic search(es) to comprise a reasonably adequate effort to locate all electronic records you seek:

Search term(s) (if more than one, insert commas to separate; place quotation marks ("") around phrases): _____

- I wish to discuss options for copying or reviewing records once the records or an installment is made available.
- I wish to have copies/duplicates of the records that are located in response to the request. I agree to pay all associated fees. (Prepayment may be required.)
- I wish to make an appointment to review the records indicated above before copies are made.
- Call me – I will pick up records.

I certify that any lists of individuals obtained through this request will not be used for commercial purposes [RCW 42.56.070(9)].

Signature: _____

SUBMIT COMPLETED FORM TO: City Clerk's Office
5th Floor City Hall
808 W. Spokane Falls Blvd.
Spokane, WA 99201
(509) 625-6350