



Public Records Disclosure Request

11930 Cyrus Way – Mukilteo, WA 98275
Office of the City Clerk – 425.263.8005 Fax: 425.290.1013

PLEASE PRINT OR TYPE

Name: _____ **Date:** _____

Company/Organization Name (if applicable): _____

Address: _____
Street City/State Zip

Phone: _____ (Daytime) **Email:** _____

Property Location (if applicable) _____

Records/Information Requested (please be specific – attach additional sheet if needed) :

Request Type: View the record(s) Receive copy of responsive record(s)—subject to applicable fees

I understand that Washington State Law, RCW 42.56.070 prohibits the release of lists of individuals requested for commercial purposes. With this understanding, I hereby declare under penalty of perjury under the laws of the State of Washington that the requested records shall not be used in violation of state law.

Signature: _____ **Date:** _____

Fees: A fee of \$.15 per page or as otherwise provided for in the City’s current Fee Schedule may apply to your request.

Processing: Mukilteo Municipal Code 2.84.020 provides that the City shall respond to requests for public records within five (5) business days by either: (1) providing the record; (2) acknowledging receipt of the request and providing a reasonable estimate of when the City can respond; or (3) denying the request and state the reasons for denial. The City may contact you for clarification of the request. The City may also require a deposit for the records requested and/or provide the records in installments.

FOR OFFICIAL USE ONLY

REQUEST RECEIVED:

RECEIVED BY: _____
(Staff Name – Please Print)

In Person Phone Written (fax, email, etc.)

ACTION TAKEN:

PROCESSED BY: _____ **DATE:** _____

Staff Time (indicate in hours/minutes) _____ **PDR NO.** _____