



# CITY OF EDMONDS

121 5<sup>th</sup> Avenue North

Edmonds, WA 98020

425.775.2525 (phone)

425.771.0266 (fax)

## REQUEST FOR PUBLIC RECORDS

**PLEASE PRINT CLEARLY**

Date of Request: \_\_\_\_\_

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

Requester Address: \_\_\_\_\_  
*Street* *Suite/Apt.*

*City* *State* *Zip*

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

Phone Number: \_\_\_\_\_

Request Made:  In Person  In Writing  Telephone  Fax  Email

How would you prefer to be notified when the records are available?

In Writing  Telephone  Fax  Email

**DESCRIPTION OF REQUEST:**

(Be specific: include address and owner of property, file name or number, time period, incident location and date, etc.):

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Is the information requested a **list of individuals** to be used for a mailing list for commercial purposes?  Yes  No If yes, please complete the additional form found on page 3.

\_\_\_\_\_  
Signature of Person Making Request

**FOR OFFICIAL USE ONLY**

**ACTION ON REQUESTS FOR PUBLIC RECORDS MUST BE TAKEN  
WITHIN FIVE (5) BUSINESS DAYS**

1. Request **received** by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_
2. Request **forwarded** to: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_
3. Action taken:  
 Request granted.  
 Acknowledgment.  
    Estimated response date provided. (See No. 4)  
 Record denied. (See Nos. 5 & 6)  
 Record withheld in part. (See Nos. 5 & 6)
4. Request forwarded to attorney for review:  Yes Date Forwarded: \_\_\_\_\_  
 No
5. Notification to requester of action taken: \_\_\_\_\_ Date of Notification: \_\_\_\_\_  
 Request granted.  
 Need for additional time. How long? \_\_\_\_\_  
 Request denied.  
 Record withheld in part.
6. If additional time needed, explain why: \_\_\_\_\_  
\_\_\_\_\_
7. If request denied or record withheld in part, name the exemption contained in Chapter 42.56 RCW which authorizes withholding or denial: \_\_\_\_\_  
\_\_\_\_\_
8. If request denied or record withheld in part, explain how the exemption applies to this record: \_\_\_\_\_  
\_\_\_\_\_

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**FEES**

0 - 5 copies free

Standard copy charge @ \$.15 per page: \$ \_\_\_\_\_

Other (Refer to current Records Index & Fee Schedule) \$ \_\_\_\_\_

**TOTAL FEES DUE:** \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_

<b>DOCUMENTS PROVIDED:</b> Date _____ <input type="checkbox"/> USPS Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Picked Up
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*Note: This form needs to be completed only if the request is for a mailing list of individuals to be used for commercial purposes.*

## **EDMONDS PUBLIC RECORDS ACCESS**

### **DECLARATION TO RELEASE PUBLIC RECORDS**

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(PRINT NAME)

1. I have requested copies of the following public records:

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2. I understand that Washington State law, RCW 42.56.070, prohibits the use of lists of individuals for commercial purposes.

3. I understand that the use for commercial purposes of said records may also violate the rights of the individuals named therein and may subject me to liability for such commercial use.

4. I understand that section 2 and 3 herein apply when I use said records for commercial purposes and when others use said records or copies for same for commercial purposes. I understand that I may be liable in either case.

5. I understand that "commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit expecting activity.

6. Therefore, I do hereby swear and affirm on oath and under penalty of law that I will not use said records for commercial purposes and that further, it is my affirmative duty to prevent others from using said records for commercial purposes.

7. I do further swear and affirm on oath and under penalty of law that I will protect and hold harmless, including the costs of defending, the agency and its agents and employees from which I have obtained said records from any and all claims arising either directly or indirectly from the commercial use of said records.

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Signature