CITY OF LACEY City Clerk 420 College Street SE Lacey WA 98503 360.491.3214 cityclerk@ci.lacey.wa.us



# PUBLIC RECORDS REQUEST

Please describe the records requested and provide any additional information to help locate the records as quickly as possible. Use appropriate document title, date, and location of record, if known.

Please **PRINT** All Information

### Check preference for receiving records.

\_\_\_\_ Inspect the records at no charge with option to request copies after inspection.

\_\_\_\_ Receive copies of records after paying fee for copying (15 cents/page)

\_\_\_\_ Contact before copying if charges exceed \$\_\_\_\_\_.

Name	Date
Street Address	City, State, Zip
Mailing Address, if different	City, State, Zip
Phone Number	Email address

Signature

### Public Records Act

Public documents and records are available to the public as required under the Washington State Public Records Act (RCW 42.56). The information contained in all correspondence with a government entity may be subject to disclosure to third party requesters under the Public Records Act.

#### Limitation on Use for Commercial Purposes

Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. "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. By signing below, you are certifying that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Signature:

## FOR CITY USE ONLY

Record Request	Date	Initials
Request received by:		
Request routed to:		
Five day notice sent on:		
Deadline for completing records response:		
Response completed by:		
Response managed by:		
Record provided by:EmailMailFAXPickup		
Requester notified:		
Payment	Cost	Date Paid
# of single-sided pages x \$.15/ea (8 ½ x 11; 8 ½ x 14; 11 x 17)		
# of single-sided pages x \$2.00/ea (24 x 36)		
10% Deposit of total cost		
Payment of 1 <sup>st</sup> installment		
Payment of 2 <sup>nd</sup> installment		
Total Charge		

## PUBLIC RECORDS NOT PROVIDED

\_\_\_\_\_ Requested documents do not exist.

\_\_\_\_\_ Documents or sections containing exempt information that have been redacted.

\_\_\_\_\_ Documents or sections of documents that are exempt.

## REDACTIONS

Document Type	Date	Author/Recipient	Explanation of Exemption	# of pgs

## EXEMPTIONS

Document Type	Date	Author/Recipient	Explanation of Exemption	# of pgs