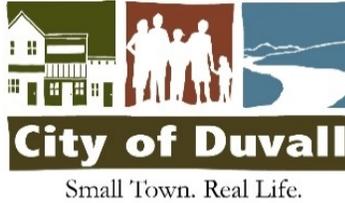


Received Stamp



City Clerk's Office
cityclerk@duvallwa.gov
 15535 Main Street NE
 PO Box 1300 • Duvall, WA 98019
 425-788-1185 • FAX 425-788-8097
www.duvallwa.gov

Public Records Request Form

This form must describe an identifiable record. The City is not required to create a new record to comply with the Public Records Act. This form is not intended for general inquiries or information requests. Information provided on this form may be subject to public disclosure. For questions, please contact the City Clerk at cityclerk@duvallwa.gov or 425-788-1185.

SECTION 1 – TO BE COMPLETED BY REQUESTING PARTY

Name:	Representing:	Daytime Telephone #:
Mailing Address:		Email:
City, State, Zip:		Preferred method of communication regarding this request: <input type="checkbox"/> Email <input type="checkbox"/> Telephone

Describe the records you are requesting. Please supply as much identifying information as possible to assist staff in locating the records quickly. *Examples: specific dates or date ranges, document titles, names, addresses, parcel numbers.* Use additional sheet(s) if necessary.

Is **copying** requested? YES NO If yes, how many copies of each item is requested: _____

If copies requested, how would you like to receive your records Certified Mail Pick up (hours 8:30am-4:30pm)

If records are available **electronically**, how would you like to receive your records Email CD (mail or pick up)
Please note: The City is not required to create a new record to comply with the Public Records Act. Digitization of records is at the City's discretion where such digitization does not adversely impact normal and essential operations of the City.

No copies requested, I would like to **inspect** the records only.

For inspecting records, please indicate a preferred day/time, M-F 8:30am-4:30pm except holidays: _____

Signature required:
I understand and agree that the City of Duvall will charge a fee according to the fee schedule for copies assembled and made by the City's staff. Charges for copies of documents requiring special reproduction shall be in accordance with the amount necessary to reimburse the City for its actual costs. Payment is required before release of records.

Record Type/Size	Per Copy
8.5" x 11" up to 11" x 17" (color or b/w)	\$0.15
24" x 36" (color or b/w)	\$3.89
CD-R (700MB)	\$0.28
DVD (4.7 GB)	\$0.90
USB flash drive (4 GB)	\$6.99

I agree (certify) that I will not use lists of individuals for commercial purposes (for profit) nor permit others to use said records for commercial purposes per RCW 42.56.070(9).

Signature: _____ Date: _____

SECTION 2 – FOR CITY USE ONLY

Received by:	Five-Day Date:
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