

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. FILING A REQUEST ONLINE IS STRONGLY ENCOURAGED. PLEASE CLICK HERE TO GO TO THE PUBLIC RECORDS REQUEST PORTAL.

SECTION 1 – TO BE COMPLETED BY REQUESTING PARTY

Full Name: Telephone #:
Name of Person You're Representing (If Applicable): Preferred Pronouns (Optional):
Mailing Address: E-mail:
City, State, ZIP: Preferred method of communication regarding this request: [] E-mail or [] 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, and parcel numbers. Use additional sheet(s) if necessary.

SECTION 1a – COMPLETE ONLY IF REQUESTING POLICE RECORDS

Case # (If Any): Incident # (If Any): Citation # (If Any):
Date and Time of Incident: Your Relationship to this Case: Choose an item.
Name(s) of Person(s) Involved:
Are you requesting the Content of a body-worn camera video? [] Yes [] No
If so, Please Enter the Police Officer's Name (If Known):

Section 2 – Select Type and Amount of Copies

Table with columns: Record Type/Size – Paper, Charge, Record Type/Size – Electronic, Charge. Includes rows for 8.5"x11" up to 11"x17", 24"x36", Certification of Records, Scanning into electronic format, Electronic files or attachments, Electronic Transmission, CD-R (700MB), DVD (4.7 GB), USB flash drive (4 GB), and STAFF ONLY – Total Cost of Request.

- I want paper copies. How many copies of each item would you like?
I want to inspect the records before requesting copies. Please indicate a preferred day/time, M-F 8:30 am- 4:30 pm:
I need the records I requested to be certified by the City Clerk. (Unless otherwise specified, all records will be certified. Therefore, you may incur more than one certification charge.

If the records are in digital format, I would like an additional copy from those available in the public records request portal saved in a [] Flash Drive or a [] CD/DVD.

Please Note: Digitization of records may be done by an outside vendor if digitization would adversely impact normal and essential operations of the City. The requester shall be responsible for the related costs. You will also be responsible for mailing postage.

REQUESTER – IF PAYING BY CHECK, MAKE YOUR CHECK PAYABLE TO "CITY OF DUVALL" AND INCLUDE THE REQUEST NUMBER ON THE CHECK'S MEMO.

SIGNATURE REQUIRED:

I understand and agree that the City of Duvall will charge fees 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 following the amount necessary to reimburse the City for its actual costs. I will pay all fees associated with my request before I receive my records. For Police Records, I understand that the record I am requesting is subject to the Public Records Act (42.56 RCW), and not all criminal record information is disclosable per RCW 10.97.050. State law permits collision/criminal history information only to certain persons per RCW 46.52.080 and 46.52.083. I 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(8).

Signature: Date of Request:

SECTION 3 – FOR CITY USE ONLY

Received by: Five-Day Date: