Public Records Request Form
RCW Chapter 42.56 Public Records Act

SECTION 1.  Must be completed by the requesting person, business, or agency.

<table>
<thead>
<tr>
<th>Name (Print):</th>
<th>Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Daytime Phone:</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>E-mail Address:</td>
</tr>
</tbody>
</table>

Record(s) Requested: (This must describe an identifiable record or records. This form is not intended for general inquiries)

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Action requested:  □ Inspection Only  □ Copy  □ Email

I agree to pay all copy charges pursuant to the City of Ferndale’s Fee Schedule and per RCW. If I have requested a list of names or businesses, I certify that the information obtained through this public disclosure request will NOT be used for commercial purposes. RCW 42.56.070(9).

Please Note: Local Governments are not required to create new documents to comply with the Public Records Act.

Requestor Signature: _____________________________________________ Date: ____/____/____

SECTION 2:  To be completed by City:

Directed to: ____________________ Dept:________________ Initial Response Due: ________________

Final Response Due: ____________________

☐ The record was examined by requestor on-site on ____/____/____ Signature: ____________________

☐ The record was picked up in person. The amount of $________ for ________ copies (or other format) was paid upon receipt. Signature: ____________________ on ____/____/____

☐ Records were e-mailed to requestor on ____/____/____. Signature: ____________________

This document is subject to Public Disclosure.