



City of *Ferndale*

Office of the City Clerk
P O Box 936 – 2095 Main Street
Ferndale Washington 98248
Ph: 360-384-4302 Fax: 360-384-1163
Website: www.cityofferndale.org

Received Date:
Received by:
PRR #:
Initial Response due by:

Public Records Request Form RCW Chapter 42.56 Public Records Act

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

Name (Print):	Agency:
Address:	Daytime Phone:
City, State, Zip:	E-mail Address:

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