



PUBLIC DISCLOSURE 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: _____ Day Time Phone: _____

City, State, Zip: _____ Cell Phone: _____

Email Address: _____

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

Action Requested: Inspection Copy

Desired Audio/Video Format, if applicable: CD: DVD:

I agree to pay all copy charges, pursuant to the City's fee schedule. If I have requested a list of names, I certify that the information obtained through the Public Disclosure Request will not be used for commercial purposes. **RCW 42.56.070(9).**

Requestor Signature: _____ **Date:** _____

SECTION 2. To be completed by City Personnel.

- No Identifiable record can be located.
- The record you requested is exempt from disclosure by law (see reverse).
- Additional time is necessary to process your request. RCW 42.56.520 (see reverse).
- The record was picked up in person. Signature _____
The amount of \$_____ for _____ copies was paid upon receipt.
- Record(s) have been mailed and \$_____ was paid prior to mailing.
- Portions of the record(s) are exempt from disclosure and have been redacted (see reverse).
- Other _____

SECTION 2. To be completed by City Personnel (Cont'd):

- The document(s) you requested are exempt and/or portions of the document(s) you requested are redacted for the following reason(s):
 - 1. Residential addresses, residential phone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers and emergency contact information of dependents of employees or volunteers of a public agency that are held by any public agency personnel records. **RCW 42.56.250(3).**
 - 2. Attorney-client privileged communication(s) and/or attorney work product **RCW 42.56.070(1); RCW 5.60.060(2)(a); RCW 42.56.290.**
 - 3. Personal information in filed maintained for employees, appointees, or elected officials to the extent disclosure would violate their right to privacy **RCW 42.56.230(2).**
 - 4. Other: _____
- In accordance with **RCW 42.56.520**, additional time is needed to clarify the intent of the request, locate and assemble the information requested, notify third persons/agencies affected by the request, and/or determine whether any of the information requested is exempt and that a denial should be made to any or all parts of the request.

I anticipate (additional) documents, if any, will be released on _____
(Date)

- This is a partial or installment release. If payment is not received or the records are not claimed, the City is not obligated to fulfill the balance of this request **RCW 42.56.120.**
- Documents not picked up within **30 days** of notification to pick-up. Documents returned to official records. Request closed.

This section of form was completed for the City of Fife by:

Signature On _____ / _____ / _____
Date

If you have any questions or concerns about your Public Disclosure Request, please contact the City Clerk, (253) 922-2489, or e-mail cityclerk@cityoffife.org.

PLEASE NOTE: Local governments are **not required** to create new documents to comply with the Public Disclosure Act.