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|  **DO NOT WRITE IN THIS SPACE** **For Official Use Only** |

**City of Seattle** 

**LEGISLATIVE DEPARTMENT**

(Office of the City Clerk and Seattle City Council)

**PUBLIC RECORDS DISCLOSURE REQUEST FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Records Requested**:

*Please provide as much detail as possible to assist in identifying the records sought. Include subject, titles, acronyms, dates, and offices to be searched.*

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*\*Some records may be specifically exempt from disclosure. RCW 42.56.070(1)*

REQUESTED RECORDS ARE FOR:

\_\_\_\_\_REVIEW \_\_\_\_COPYING \_\_\_\_INSPECTION, THEN COPYING OF SELECTED PAGES

*\**There is no cost to review or inspect public records. Copies of records will incur the statutory 15 cents per page copying fee.

I hereby declare under penalty of perjury under the laws of the state of Washington, RCW 42.56.070(9), that should my request contain a list of individuals, the information obtained through this request will not be used for commercial purposes.

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Signature of Requestor Date