City of Seattle
Legislative Department
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Mailing Address PO Box 34025 * Seattle, WA 98124-4025
Phone (206) 733-9597 * Fax (206) 684-8587

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Requesting Party: _____

Mailing Address: _____
Street City State Zip

Phone: (Day) _____ (Evening) _____

Email: _____ (Fax) _____

Please describe in detail the records being requested, including author, title, date and or date range.

_____
_____
_____
_____

REQUESTED DOCUMENTS ARE FOR:

___REVIEW ___ COPYING ___INSPECTION, THEN COPY OF SELECTED PAGES

* There is a 15 cents per side copying fee for standard black and white copies.

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.

_____
Signature of Requestor Date

FOR OFFICIAL USE ONLY
Date Received:
Received By:
Request Number: