



CITY OF SEATTLE
CIVIL SERVICE COMMISSIONS
PO Box 94729
700 Fifth Avenue, Suite 1670
Seattle, WA 98124-4729
Phone: (206) 233-7118

REQUEST FOR RECORDS

☐ Civil Service

☐ Public Safety Civil Service Commission

Note: Depending on the nature of the request, third-party notification may be required before records are released.

Requester:

Name: _____

Address: _____

City, State, Zip: _____

Email: _____ **Phone:** _____

Some documents are available in electronic format. There is no charge for electronic documents sent via email.

Description of Records: _____

I declare under penalty of perjury under the laws of the United States of America and of the State of Washington that the list of individuals obtained through this request for public records will not be used for commercial purposes.

Signature _____ **Date:** _____

Request fulfilled by: _____ **Date:** _____

Pursuant to SMC 3.104.010, there are additional charges for Disk, Tapes and Mailing. There may also be additional charges for staff time. If so, please see invoice for a cost breakdown.

Office Use Only

Cost: Number of Pages at .15 per page: Total Cost for records: \$
Number of tapes/CD at \$2 per tape/cd: Total Cost for tape/cd: \$

☐ Electronic *No Charge*

Total Charge: \$

Method of Payment: Cash/Check/IF Transfer **Check #** **Received By:**