

Roy City Clerk
216 McNaught Street South
PO Box 700
Roy, Washington 98580
(253) 843-1113 phone
(253) 843-0279 fax

CITY OF ROY
REQUEST FOR PUBLIC RECORDS

Date due: _____
Extended to: _____
Extended to: _____
Extended to: _____

Name: _____ E-mail: _____
Street address: _____ City, State, Zip: _____
Home/Cell phone: () _____ Business: () _____ Fax: () _____

RECORDS/INFORMATION BEING REQUESTED: (Please be specific and detailed. Attach additional sheets if necessary. Failure to provide sufficient information to identify the record(s) may cause delays in providing the records.)

REQUESTOR MUST READ AND SIGN UPON SUBMITTING REQUEST

Agencies must respond within five business days of receiving a public records request by (1) providing the record; (2) acknowledging receipt and providing a reasonable estimate of the time the agency will require to respond; (3) denying the request. YOUR COPY OF THIS FORM SHALL CONSTITUTE THE CITY'S FIVE-DAY RESPONSE.

By signing this form, requestor understands that if a list of individuals is provided, it cannot be used for commercial purposes, to promote the election of an official, or promote or oppose a ballot proposition, as prohibited by the Public Records Act. Further, requestor understands he or she will be charged 15 CENTS per page for 8.5" x 11" pages and ACTUAL COSTS for reproduction of rolled plans, maps and other sized copies. If a request will result in more than ten pages of documents and/or incur a copying cost greater than two dollars, the City may require PRE-PAYMENT before making copies. There shall be no cost for reviewing documents without requesting copies.

If a public records request is unclear, the City may require the requestor to clarify the request prior to attempting to provide any records.

- I wish to have copies / duplicates of the records indicated above.
- I wish to make an appointment to review the records indicated above before copies are made.

Signature of Requestor _____
Date of Request

THE CITY BELIEVES ANY PUBLIC RECORDS IT POSSESSES THAT ARE RESPONSIVE TO YOUR REQUEST SHALL BE AVAILABLE FOR REVIEW OR PICK-UP WITHIN _____ DAYS. SHOULD THE CITY DETERMINE THAT ADDITIONAL TIME IS NEEDED, YOU WILL BE CONTACTED AND GIVEN THE EXPECTED AVAILABILITY DATE. PLEASE BE ADVISED THAT THE CITY IS NOT REQUIRED TO CREATE A RECORD THAT DOES NOT ALREADY EXIST AND THAT CERTAIN TYPES OF RECORDS, AS WELL AS SPECIFIC INFORMATION CONTAINED IN A RECORD, MAY BE PROTECTED FROM RELEASE BY LAW.

INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY CITY STAFF

This request was handled by: _____ Additional staff copied: _____

Notes: _____

ACKNOWLEDGEMENT OF RECEIPT OF RECORDS

Signature acknowledging receipt: _____ Date of receipt: _____

City representative: _____ Number of copies: _____ Fee: \$ _____