

Received Stamp



Small Town. Real Life.

**City of Duvall**  
15535 Main Street NE  
PO Box 1300 • Duvall, WA 98019  
425-788-1185 • FAX 425-788-8097  
[www.duvallwa.gov](http://www.duvallwa.gov)

**City Action Request Form**

Please fill out this form completely and be as specific as possible, providing location, dates, times, etc.

**SECTION 1 – TO BE COMPLETED BY REQUESTING PARTY**

Name:	Representing:	Daytime Telephone #:
Mailing Address:		Email:
City, State, Zip:		Preferred method of communication regarding this request: <input type="checkbox"/> Email <input type="checkbox"/> Telephone

**\*\*All documents sent to the City of Duvall are public records and are subject to disclosure under to the Public Records Act (RCW 42.56). The City may be required to release your name and/or information pursuant to RCW 42.56 or a court order. You, as the complainant, victim, or witness, may request nondisclosure of your identifying information if you qualify under RCW 42.56.240(2).  Yes, I request that my identifying information not be disclosed**

**Location of Requested Action:**

**Detailed description of request or comment (be as specific as possible)**

**Requested Action, if any:**

Do you want staff to contact you? :  Yes  No  
(If yes, please indicate your preferred method of communication above)

**SECTION 2 – FOR CITY USE ONLY**

Received by:	Forwarded to:
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