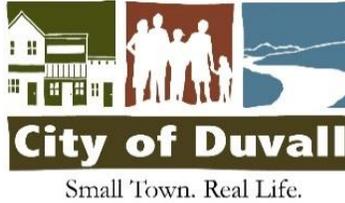


Received Stamp



City Clerk's Office
cityclerk@duvallwa.gov
 15535 Main Street NE
 PO Box 1300 • Duvall, WA 98019
 425-788-1185 • FAX 425-788-8097
www.duvallwa.gov

Public Records Request Form

This form must describe an identifiable record. The City is not required to create a new record to comply with the Public Records Act. This form is not intended for general inquiries or information requests. Information provided on this form may be subject to public disclosure. For questions, please contact the City Clerk at cityclerk@duvallwa.gov or 425-788-1185.

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

Describe the records you are requesting. Please supply as much identifying information as possible to assist staff in locating the records quickly. *Examples: specific dates or date ranges, document titles, names, addresses, parcel numbers.* Use additional sheet(s) if necessary.

Record Type/Size - Paper	Charge
8.5" x 11" up to 11" x 17" (color or b/w)	\$0.15/page
24" x 36" (color or b/w)	\$3.89/page
Record Type/Size - Electronic	Charge
Scanning into electronic format	\$0.10/page
Electronic files or attachments	\$0.05/four files
Electronic Transmission	\$0.10/GB
CD-R (700MB)	\$0.28
DVD (4.7 GB)	\$0.90
USB flash drive (2 GB)	\$3.50

I would like **paper copies** requested? How many copies of each item is requested: _____

I would like to **inspect** the records before requesting copies. Please indicate a preferred day/time, M-F 8:30am-4:30pm: _____

For records available **electronically**, I prefer
 Flash Drive CD.

Please note: Digitization of records may be done by an outside vendor if digitization would adversely impact normal and essential operations of the City. The requester may be responsible for the related costs.

Signature required:

I understand and agree that the City of Duvall will charge a fee according to the fee schedule for copies assembled and made by the City's staff. Charges for copies of documents requiring special reproduction shall be in accordance with the amount necessary to reimburse the City for its actual costs. Payment is required before release of records.

I agree (certify) that I will not use lists of individuals for commercial purposes (for profit) nor permit others to use said records for commercial purposes per RCW 42.56.070(9).

Signature: _____ Date: _____

SECTION 2 – FOR CITY USE ONLY

Received by:	Five-Day Date:
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