



CITY OF WOODINVILLE
17301 – 133rd Avenue NE
WOODINVILLE, WA 98072
Phone (425) 489-2700 Fax (425) 489-2705

REQUEST FOR PUBLIC RECORDS

DATE OF REQUEST: _____

REQUESTING PARTY: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: day _____ evening _____

Email address: _____ Fax: _____

RECORDS REQUESTED ARE FOR: _____ REVIEW _____ COPYING*

Please describe below the records you are requesting in detail and any additional information that will help us locate them for you as quickly as possible.

*You will be charged for these records according to the City's fee schedule.

Signature of Requesting Party

RESPONSE TO RECORDS REQUEST

Records Provided: _____ Request Denied: _____

EXPLANATION OF DENIAL (___ Full or ___ Partial Denial):

Staff contact: _____ Dept. _____ Date: _____

The City of Woodinville shall respond to your Request for Public Records within five (5) business days of receipt of the request by providing one of the following: (1) provide the record; (2) provide an internet address and link on the agency's web site to the specific records requested; (3) acknowledge receipt of the request and provide a reasonable estimate of the time the agency will require to respond to the request; or (4) deny the public record request. RCW 42.56.520.

Katie Hanke
City Clerk