



# PUBLIC RECORDS REQUEST

(RCW 42.56)

DEPARTMENT: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**IDENTIFICATION/DESCRIPTION OF RECORDS(S) SOUGHT:** Please be as specific as possible when completing your public records request. We will be better able to process your request if you clearly identify the record(s) you are seeking. Your description of the record(s) must be reasonably and sufficiently identifiable to enable us to locate the record(s) you seek. If you can identify specific dates, locations, buildings, premises, topics, departments, or people involved, it will better assist us in the search for your requested record(s).

The City has no duty to create a record, nor is the City obligated to compile information from various records so that the information is in a form that is more useful to the requestor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the City may not legally provide a list of individuals pursuant to this public records request if the request is for commercial purposes. Therefore, I certify that any list of individuals obtained through this request will not be used for commercial purposes. ([RCW 42.56.070\(9\)](#))

Signature: \_\_\_\_\_

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**DEPARTMENTAL NOTES/COMMENTS:**

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**SUBMIT COMPLETED FORM TO:** City Clerk's Office  
5<sup>th</sup> Floor City Hall  
808 W. Spokane Falls Blvd.  
Spokane, WA 99201  
(509) 625-6350  
FAX: (509) 625-6217