



CITY OF BLAINE
 435 MARTIN ST., STE 3000, BLAINE, WA 98230
 PH (360) 332-8311 FAX (360) 332-8330

REQUEST FOR ACCESS TO PUBLIC RECORDS

DATE (MM/DD/YYYY)

REQUESTOR'S NAME

EMAIL ADDRESS

PHONE NUMBER

FAX NUMBER

ADDRESS

CITY

STATE

ZIP CODE

INFORMATION REQUESTED: PLEASE DESCRIBE THE **SPECIFIC** RECORDS YOU ARE REQUESTING AND ANY ADDITIONAL INFORMATION THAT WILL HELP US LOCATE SAID RECORDS (DATES, NAMES, ETC.).

FOR: INSPECTION

COPYING

ELECTRONIC

1.

2.

3.

I HEREBY CERTIFY THAT THE REQUEST FOR PUBLIC INFORMATION WILL NOT BE USED FOR COMMERCIAL PURPOSES. CITY OF BLAINE **RESOLUTION 873, RCW 42.17.**

SIGNATURE

DATE (MM/DD/YYYY)

INSPECTION AND COPYING OF IDENTIFIABLE CITY RECORDS OR A RESPONSE TO THE REQUEST SHALL BE PROVIDED PROMPTLY AND NOT TO EXCEED FIVE (5) WORKING DAYS. THE STAFF PERSON SHALL ALSO PROMPTLY NOTIFY HIS OR HER SUPERVISOR OF ANY ANTICIPATED DELAY AND THE REASON THEREFORE. SHOULD THE REQUESTED INFORMATION BE DEEMED EXEMPT FROM DISCLOSURE, THE REQUESTOR SHALL BE NOTIFIED.

FOR OFFICE USE ONLY

DATE RECEIVED
(MM/DD/YYYY)

RECEIVED BY

FORWARDED TO

TRACKING NUMBER

INFORMATION SENT TO ATTORNEY
FOR REVIEW: YES NO

DATE SENT
(MM/DD/YYYY)

SCHEDULE OF EXEMPT ITEMS
ATTACHED: YES NO

DATE AND TIME INFORMATION PROVIDED FOR VIEWING:

DATE(MM/DD/YYYY) TIME (HH:MM)

ITEMS REVIEWED

COPIES REQUESTED:

REASON, IF DENIED:

COPY CHARGES:

COPIES: _____ @\$. _____ PER PAGE = \$ _____ OTHER COSTS \$ _____

DATE PAID (MM/DD/YYYY)

CASH

CHECK

CREDIT CARD

PROCESSED BY

(SALES TAX TO BE INCLUDED IF APPLICABLE)

COMMENTS: