



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.

Jennifer L. Kuhn
City Clerk/CMC