



CITY OF WOODINVILLE  
17301 – 133<sup>rd</sup> 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.

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Katie Hanke  
City Clerk