



REQUEST FOR PUBLIC RECORDS

Molly Towslee
 City Clerk/Public Records Officer
 3510 Grandview Street | Gig Harbor, WA | 98335
towsleem@cityofgigharbor.net

REQUESTOR CONTACT INFORMATION – PLEASE PRINT			
Requestor Name:			Date of Request:
Phone Number:		Email:	
Mailing Address:			
How would you like to receive the files/materials? <input type="checkbox"/> Electronic <input type="checkbox"/> In Person <input type="checkbox"/> By Mail			

PUBLIC RECORDS REQUESTED – PLEASE PRINT
Site Address(s):
Please describe the SPECIFIC record(s) you are requesting, including date(s):

GIG HARBOR PUBLIC RECORDS ACCESS DECLARATION TO RELEASE PUBLIC RECORDS	
I declare under penalty of perjury under the laws of Washington that the following is true and correct: I will not use any requested list of individuals for a commercial purpose (profit expecting activity). (CHAPTER 42.56 RCW)	
Signed this _____ day of _____, 20____ at _____ (city), _____ (state)	
Signature of Requestor:	Date Submitted:

FEES (There is no fee for inspecting public records)	
Paper copies (first 50 are free)	A fee of \$0.15 per page for black and white copies and \$0.20 per page for color
Scanned copies (first 50 are free)	A fee of \$0.05 per page for black and white and \$0.10 per page for color.
All sized greater than 11" x 17"	Larger copies/scans sized greater than 11"x17" will be charged \$0.50 per page.

CITY OF GIG HARBOR | OFFICE USE ONLY
NOTIFICATION TO REQUESTOR OF ACTION TAKEN MUST BE WITHIN FIVE BUSINESS DAYS

Received By:		Date Received:	
Date Requestor Notified of Action to be taken:			
Action Taken:	<input type="checkbox"/> Request granted <input type="checkbox"/> Need for additional time (<i>why?</i>) <input type="checkbox"/> Clarification needed (<i>why?</i>) If applicable, explain why?		
Additional Actions Taken:	<input type="checkbox"/> Request forwarded to attorney for review Date forwarded: _____ Other action taken? <input type="checkbox"/> Request denied <input type="checkbox"/> Record withheld in part If request denied or records withheld in part, name the exemption contained in Chapter 42.56 RCW which authorizes withholding or denial and how it applies to this record: <input type="checkbox"/> Withheld/Redacted		
Estimated response time to fill request (if not given at time of request):			

COMMUNICATION LOG	
DATE	NOTES

RESULTS			
No. of Staff:		Estimated Staff Time:	
Total Scans (<i>first 50 free</i>):	_____ x \$ _____ = \$ _____		
Total Copies (<i>first 50 free</i>):	_____ x \$ _____ = \$ _____		
Total Oversized (<i>first 50 free</i>):	_____ x \$ _____ = \$ _____		
	Total Fees Due = \$ _____		
Fees Collected:	<input type="checkbox"/> Yes <input type="checkbox"/> N/A: Existing electronic or extra copies		