

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 Re	quest:			
Phone Number:		E	mail:					
Mailing Address:		·						
How would you like	to receive the files/materials?	□ EI	lectron	ic	☐ In P	erson		By Mail
PUBLIC RECORDS RI	EQUESTED – 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 Reques	stor:				Date Su	ıbmitted:		
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FEES (There is no fee for inspecting public records)						
Paper Copies (first 50 are free)	Scanned Copies (first 50 are free)	Oversized Copies/Scans greater than 11"x17"	Electronic Files or Attachments to Email	Charge for Transfer/Sharing of Electronic Records	Copy of existing CD or burning documents to CD	
A fee of \$0.15 per page for black and white copies and \$0.20 per page for color 8 ½" x 11", 8 ½" x 14" and 11"x17"	A fee of \$0.10 per page 8 ½" x 11", 8 ½" x 14" and 11"x17"	Scans will be charged \$0.50 per page Copies will be charged \$6.80 per page	\$0.05 per file charge for more than 80 electronic files or attachments.	Records transmitted electronically will be charged \$0.10 per gigabyte	\$1.00 per CD	

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:	☐ Request granted If applicable, explain		eed for additional time	(why?) \square Cla	arification needed (why?)		
Additional Actions Taken:	Other action taken? If request denied or	Request forwarded to attorney for review Date forwarded:					
Estimated response time to fill request (if not given at time of request):							
COMMUNICATION LOG							
DATE	NOTES						
RESULTS							
No. of Staff:	Esti	mated Staff T	Time:				
Total Scans (first 50 free):		x \$	= \$				
Total Copies (first 50 free):		x \$	= \$				
Total Oversized:		x \$	= \$				
		Total Fe	ees Due = \$				
Fees Collected:		Yes \square	N/A: Existing electron	nic or extra copies			