

Roy City Clerk  
216 McNaught Street South  
PO Box 700  
Roy, Washington 98580  
(253) 843-1113 phone  
(253) 843-0279 fax

**CITY OF ROY**  
**REQUEST FOR PUBLIC RECORDS**

Date due: \_\_\_\_\_  
Extended to: \_\_\_\_\_  
Extended to: \_\_\_\_\_  
Extended to: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Home/Cell phone: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**RECORDS/INFORMATION BEING REQUESTED: (Please be specific and detailed. Attach additional sheets if necessary. Failure to provide sufficient information to identify the record(s) may cause delays in providing the records.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUESTOR MUST READ AND SIGN UPON SUBMITTING REQUEST**

Agencies must respond within five business days of receiving a public records request by (1) providing the record; (2) acknowledging receipt and providing a reasonable estimate of the time the agency will require to respond; (3) denying the request. YOUR COPY OF THIS FORM SHALL CONSTITUTE THE CITY'S FIVE-DAY RESPONSE.

By signing this form, requestor understands that if a list of individuals is provided, it cannot be used for commercial purposes, to promote the election of an official, or promote or oppose a ballot proposition, as prohibited by the Public Records Act. Further, requestor understands he or she will be charged 15 CENTS per page for 8.5" x 11" pages and ACTUAL COSTS for reproduction of rolled plans, maps and other sized copies. If a request will result in more than ten pages of documents and/or incur a copying cost greater than two dollars, the City may require PRE-PAYMENT before making copies. There shall be no cost for reviewing documents without requesting copies.

If a public records request is unclear, the City may require the requestor to clarify the request prior to attempting to provide any records.

- I wish to have copies / duplicates of the records indicated above.
- I wish to make an appointment to review the records indicated above before copies are made.

\_\_\_\_\_  
**Signature of Requestor** \_\_\_\_\_  
**Date of Request**

**THE CITY BELIEVES ANY PUBLIC RECORDS IT POSSESSES THAT ARE RESPONSIVE TO YOUR REQUEST SHALL BE AVAILABLE FOR REVIEW OR PICK-UP WITHIN \_\_\_\_\_ DAYS. SHOULD THE CITY DETERMINE THAT ADDITIONAL TIME IS NEEDED, YOU WILL BE CONTACTED AND GIVEN THE EXPECTED AVAILABILITY DATE. PLEASE BE ADVISED THAT THE CITY IS NOT REQUIRED TO CREATE A RECORD THAT DOES NOT ALREADY EXIST AND THAT CERTAIN TYPES OF RECORDS, AS WELL AS SPECIFIC INFORMATION CONTAINED IN A RECORD, MAY BE PROTECTED FROM RELEASE BY LAW.**

**INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY CITY STAFF**

This request was handled by: \_\_\_\_\_ Additional staff copied: \_\_\_\_\_

Notes: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF RECORDS**

Signature acknowledging receipt: \_\_\_\_\_ Date of receipt: \_\_\_\_\_

City representative: \_\_\_\_\_ Number of copies: \_\_\_\_\_ Fee: \$ \_\_\_\_\_