

REQUEST FOR PUBLIC RECORDS

Return to City Clerk:
City of Tumwater
555 Israel Rd. SW
Tumwater, WA 98501



Name: _____ Phone: _____

Address: _____ Date: _____

Records Requested (supply as much identifying information as possible, as per RCW Chapter 42.56 and Tumwater Municipal Code Chapter 2.88)

- Per RCW 42.56.520, we are allowed 5 business days from the date this form is submitted to respond to your request.
- Per RCW 10.97.050, not all criminal history record information is disclosable.
- Valid identification is required.

Case Number (if criminal or traffic citation): _____

If this record concerns someone other than yourself, what is your relationship to the case?

Would you like photocopies: Yes No

Desired number of copies of item requested: _____

SIGNATURE OF REQUESTOR:

I understand that the record I am requesting is subject to State Disclosure Law. I also understand and agree that the City will charge for blueprints, maps, tape duplication, and copies (if more than 10 - 8½ x11 pages) and the charges will be as stated in the current City Fee Resolution.

Requestor

Department Use Only

Date Request Received: ___/___/___ **Received By:** _____

Request: Approved Not Approved

Date Processed: ___/___/___ **Processed By:** _____

Total Charges: _____