

City of Toledo

Public Records Request Form

To request any public records, this form must be filled out completely before the information will be given to the requester. Please expect up to 5 (five) working days for your request to be responded to.

NOTE: Information will not be given pertaining to certain information in personnel file, personal & other records per **RCW 42.56.230(3) 42.56.210(1)**, open investigations per **RCW 42.56.240(1)** or personal utility account information – **RCW 42.56.330(2)**.

Date: _____ Name: _____ Name of Organization/Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Description of Public Record Requested: (including document title, case # and/or dates, as best known). Failure to adequately identify records may cause a delay or an incomplete response.

NOTE: If your request is unclear, you may be asked to clarify what records you are seeking. If you fail to clarify your request or abandon your request, the CITY OF TOLEDO may close your request for records per **RCW 42.56.520** and **RCW 42.56.040**.

If you have a question that you are seeking an answer to and are not seeking a specific document, please do not use this form and instead pose your question(s) to the appropriate City Personnel.

Upon locating documents I request:

- Inspect the records at City Hall (appointment required)
- Inspect records and then copy selected pages (appointment required). Copying fee applies.
- Receive a copy, after paying required fee (# of copies _____) Mailed Pick up
- Receive a digital copy at no charge. (email or thumb drive provided by you)

I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes or to give or provide access to material to others for commercial purposes. Further, I understand I will be charged .15 cents per single-sided, 8-1/2 x 11 page, other fees may apply depending on request made.

Signature: _____

Title: _____

~See Reverse Side for Response to Request~

****For Department Use Only****

Request Granted

TRACKING		
Event	Date	Initials
Request Received		
Completed Request		
Five-Day Notice		
First Installment		
Second Installment		
Other Installment		
Request to be managed by		

CHARGES	
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# of pages	_____	x \$0.15 = \$	_____
Document Fee	_____	\$	_____
Media Fee	_____	\$	_____
TOTAL CHARGE		\$	_____

Comments: _____

Request Denied

Date Request Received _____

Date of Notification _____

The City is refusing to allow inspection or copying of the requested documents described on the reverse side of this request form. Access to the requested public record is denied for the reason that it is clearly non-disclosable as identified in **RCW 42.56.210** or **RCW 10.97**, or certain portions have been withheld pursuant to **RCW 42.56.230** or **RCW 42.56.070**.

(Provide a brief explanation of how the exemption applies to the record withheld.)

 Signature of Public Records Officer or Designee