

Records Officer –City Clerk
525 W Cota Street
Shelton, WA
Telephone: 360-432-5105

City of Shelton
Request for Public Records



For City Use Only:
Received by: _____ Date: _____
525 W Cota St
Shelton, WA 98584
(360) 432-5114, FAX (360) 426-1338

Name of Requestor: _____ **Phone Number:** _____
Name of Company: _____
Mailing Address: _____

Describe the record(s) you are requesting.

- To request records, please check appropriate boxes:**
- I would like copies of the records and will pick them up.
 - I would like copies, but wish to be contacted first if the amount is over \$5.00.
 - I would like copies mailed to the address above (I understand that postage is charged for mailing).
 - I would like to inspect the records.
 - Please fax to: _____
 - I would like an electronic version (*if possible*) of the records on CD or e-mailed to me
E-mail address: _____

By signing below I certify that the information I am requesting will not be used for commercial purposes as prohibited per RCW 42.56.260(9).

Printed Name: _____ **Signature:** _____

In accordance with RCW 42.56.520 – you will be notified within five business days regarding the availability of the records you have requested. Such notification may advise you that additional time is needed to locate and assemble the records, notify third persons, redact information containing material that is exempt from disclosure or obtain clarification from you regarding this request. Failure to respond to the City's request for clarification shall relieve the City of its duty to respond to this request.

Note: If your request results in a large volume of records being identified, RCW 42.56.120 allows the City to respond by releasing the records in installments.