



City Hall  
555 Israel Road SW  
Tumwater, WA 98501-6515  
Phone: 360-754-5855  
Fax: 360-754-4126

## REQUEST FOR PUBLIC RECORDS

Please return to the City Clerk by mail or email to [cityclerk@ci.tumwater.wa.us](mailto:cityclerk@ci.tumwater.wa.us) :

- 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.
- Pursuant to TMC 2.88, the City of Tumwater has Public Records Act Rules for responding to public records requests.
- Valid identification is required.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Case Number (if criminal or traffic citation): \_\_\_\_\_

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

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

**RECORDS REQUEST** (supply as much identifying information as possible, as per RCW Chapter 42.56 and Tumwater Municipal Code Chapter 2.88)

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

**How would you like to receive the records:**

Photocopies (see cost below):  Yes  No / Email (if available)  Yes  No

I understand that the record(s) I am requesting is/are 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 ten (10) 8 ½ x 11 pages) and the charge(s) will be as stated in the current City Fee Resolution.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

**DEPARTMENT USE ONLY**

Request Received: \_\_\_/\_\_\_/\_\_\_ Received By: \_\_\_\_\_ Request:  Approved  Not Approved

Request Processed: \_\_\_/\_\_\_/\_\_\_ Processed By: \_\_\_\_\_ Number of Photocopies Made: \_\_\_\_\_

How Provided:  In Person  Mail  Email Total Charges: \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_