

1

CITY OF KENMORE PUBLIC RECORDS REQUEST FORM

(The following sections must be completed by Requestor. **(PLEASE PRINT.)**)

DATE: _____ REQUESTOR'S NAME: _____
 CONTACT PHONE #: _____ E-MAIL ADDRESS: _____
 ADDRESS: _____

RECORDS REQUESTED
 (Please be as specific as possible. **PLEASE PRINT.**)

KENMORE FILE #(S) (IF KNOWN): _____ DOCUMENT DATE(S) (IF KNOWN): _____
 DESCRIPTION OF DOCUMENT(S): _____

***Requestor agrees to pay balance (minus 10% deposit) of copying invoice upon notification. *Requestor Signature: _____**

FOR OFFICE USE ONLY

2 STAFF RECEIVING REQUEST:

Staff Name: _____ Date: _____

Requestor reviewed records

Staff provided copies at time of request **
 No. of copies made: _____

Copies need to be made **

**** If copies are made or need to be made, please send requestor to Front Desk for payment or deposit.**

Request referred to: _____

Staff time: _____

3 FRONT DESK/CITY CLERK'S OFFICE:

Staff Name: _____ Date: _____

Request form reviewed (all sections) for completeness

Staff provided copies at time of request -- # _____
 Copies: \$ _____ + Tax: _____ = \$ _____ Receipt No. _____

If copies need to be made, please collect a 10% deposit
 (minimum \$2.00)
 Cost estimate: \$ _____ **(Print & attach estimate form.)**
 10% Deposit: \$ _____ Receipt No.: _____

Request referred to: _____

Staff time: _____

4 ***** Any questions regarding this request need to be directed to the City Clerk's Office*****

ACTION TAKEN (For City Clerk's Office use only)

Request No.: _____ Date entered into log: _____ Date Completed: _____ Staff Initials: _____

NOTES:

