Request for Public Records

Please print this form, complete it, and then return it to Long Beach City Hall by any of these options:

- *Fax to (360) 642-8841*
- *Email it to administrator@longbeachwa.gov*
- *Mail it to PO Box 310, Long Beach, WA 98631*
- *Drop off at 115 Bolstad West, Long Beach, WA 98631*

Please describe the records below, providing any additional information that will help us locate them for you as quickly as possible. Use appropriate document titles and dates, if known.

_____

_____

_____

_____

Do you want to?

- ❑ Inspect the records at no charge
- ❑ Receive a copy after paying required fee
- ❑ Inspect the records first and then consider selecting records to copy and pay for

Within five business days of receipt of the request, the City will respond by: (1) making the record available for inspection or copying, or, if payment is made or terms of payment are agreed upon, sending the records to the requestor; or (2) acknowledging the receipt of the request and providing a reasonable estimate of time the City will require to respond to the request; or (3) denying the request.

Washington State Law, RCW 42.56.270 prohibits the use of lists of individuals for commercial purposes. If I or someone else uses these records for commercial purposes I may violate the rights of the individuals named and I may be liable for damages. "Commercial purposes" means that the person requesting the records intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity.

I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes

Dated this _____ day of _____, 20 ____.

_____
Name

_____
Address

_____
City, State, Zip

_____
Email (optional)

-See Next Page for Fee Schedule and Response to Request-

Request Granted

Date Request Received _____ Date Completed _____

Number of 8 ½ x 11 B & W Pages _____ x $0.15 = $
Number of 8 ½ x 11 Colored Pages _____ x $0.25 = $
All Other Sized Pages_____ x $0.25 = $

Document Fee _____ + $

Staff Time w/Benefits _____ + $

Other Media Fee _____ + $

TOTAL CHARGE $

For Department Use Only

Request Denied

Date Request Received _____ Date Completed _____

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 records is denied for the reason that it is clearly non-disclosable as identified in RCW 42.56 or certain portions have been withheld pursuant to RCW 42.56.

Following is a brief explanation of how the exemption applies to the record(s) withheld:

_____

_____

_____

_____

_____

Withholding of the specific portions of the public record, which the City is not disclosing to you, is an authorized exemption.

For Department Use Only