



CITY OF
Burlington
SKAGIT COUNTY, WASHINGTON INCORPORATED 1902
PUBLIC RECORDS REQUEST

Date of Request: _____ Name of Requestor: _____

Company Name if Applicable: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Cell: _____

Email Address of Requestor: _____

Type of Record(s) (if known): _____

(For Court Records, contact Municipal Court; for Police Records, contact Police Department)

Date of Record(s) (if known): _____

Location of Record (Department if known): _____

Records Requested (please be as specific as possible and feel free to use additional pages if necessary):
Depending on the complexity of the request, the City will endeavor to fill requests as promptly as possible per RCW 42.56.520.

I understand there is a minimum of \$.15 per page that may be charged for duplication of these specific records. I agree to prepay duplication charges associated with my request. Your request will be processed as promptly as possible. Within five (5) business days of the submittal of this request, the City will either provide the records if available at the time of request, or will try to provide an estimate of the amount of time it will take to process your request. **The requestor is liable for all charges associated with time and duplicating costs to provide the information, even if the requestor determines that the information is no longer required.**

Method by which I would like to receive the information I have requested:

- Call me and I will pick up in person. Other: _____
 I wish to have documents emailed to me at: _____

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposed, per RCW 42.56.070(9).

Signature

Date

FOR LEGAL DEPARTMENT USE ONLY:

Date Received:

Staff who Responded to Requestor:

How Was Requestor Notified:

Date Completed:

Request Denied: Yes ___ No ___

Page Count:

Amount Charged:

Request Received By:

Date Staff Notified Requestor:

Did Staff Provide PRR Verification with Request: Yes ___ No ___

Postage: \$

Total: \$