

CITY OF LYNDEN

ADMINISTRATION DEPARTMENT
(360) 354 – 1170, Option #5



Records Request Form Public Records Act- RCW 42.56

| | |
|---|--|
| Requestor's Name | |
| Address | |
| City, State, Zip | |
| Phone Number | |
| Email | |
| Specifically describe the records requested: Title/Types of records / Dates (If known)/ Names of Others Concerned | |
| | |

Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. By signing below, you are certifying that the information obtained through this request for public records will not be used for commercial purposes.

Requestor's Signature _____

Date _____

| FOR CITY USE ONLY | |
|--|---|
| Date Request Received: _____ | Request Received Via: <input type="radio"/> Email <input type="radio"/> In-Person <input type="radio"/> Telephone <input type="radio"/> USPS |
| Date the 5-Day Notice Sent: _____ | Request Routed To: _____ |
| Records Provided Via: <input type="radio"/> Email <input type="radio"/> USPS <input type="radio"/> Picked Up | If Records Withheld, Cite Exemption: _____ <input type="radio"/> Prohibited from Disclosure by Attached Authority: _____ |
| Not Provided Request Denied: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> City does not have records | |
| Access Provided-Request Closed: _____ | |

Request Completed By: _____ Date Completed: _____