



CITY OF UNIVERSITY PLACE

3715 Bridgeport Way West, Suite B-1, University Place, WA 98466-4456

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

DATE OF REQUEST _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

I am requesting the records described below. *(Please provide any additional information that will help us locate them for you as quickly as possible. Use appropriate document title and date, if known. Please print clearly.)*

Lists for Commercial Purposes

Washington State law, RCW 42.56.070(9), prohibits the City from providing access to lists of individuals requested for commercial purposes. "Commercial purposes" means that the requestor requesting such information from the public records of the City intends to use the information to contact or in some way personally affect the individuals identified on the list and when the purpose of the contact would be to facilitate the requestor's commercial activities.

I hereby declare, under penalty of perjury under the laws of the State of Washington, that the list of individuals I have requested from the City of University Place under this request for public records will not be used for commercial purposes.

Signed at _____, Washington, this _____ day of _____, _____.

Signature of Requestor

***** City Staff to complete the reverse side of form upon receipt of request and immediately submit form to the City Clerk's Office.**

FOR OFFICIAL USE ONLY

ACTION ON REQUEST FOR PUBLIC RECORDS MUST BE TAKEN WITHIN FIVE (5) BUSINESS DAYS (SEE R.C.W. 42.56.520)

1. Request Received by: _____ . Date Received _____ .

2. Action taken:

Request Granted and Record/Response Letter Provided on _____ .

Record Provided via mail.

Record Ready for Pickup/Review/Purchase at City Hall.

Request forwarded to Attorney for review on _____ .

Letter of Additional Time Required to Respond Sent on _____ . Response Due _____ .

Record Request Denied. Response Letter Sent _____ .

Record Withheld in Part. Response letter sent _____ .

3. Number of Copies _____

Account # 01.000.341.60.000

Total Charges _____

Receipt # _____