CITY OF MERCER ISLAND, WASHINGTON
REQUEST FOR PUBLIC RECORDS

Submit Request to: City Clerk
City of Mercer Island
9611 SE 36th Street
Washington 98040-3732

Phone: (206) 275-7793
Fax: (206) 275-7663

REQUESTOR'S NAME: _____

COMPANY: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

EMAIL: _____

CHECK ONE:

❒ Please make records available for review only.

❒ Please provide copies and applicable reproduction fee.

Please describe the records you are requesting and any additional information that will help us locate them for you, e.g. dates, etc.

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I understand that there may be charges for duplication of these specific records. If the request exceeds 9 pages, a minimum of $0.10 per page for standard photocopies will be charged to the requestor.

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

I understand that pursuant to RCW 42.56.520 the City will respond within five (5) business days, either by providing the information requested, providing a reasonable estimate as to when the records will be available, or by denying the request. Five day response begins one working day after receipt of request.

SIGNATURE: _____

– FOR STAFF USE ONLY –

Please complete pertinent information and forward original to the City Clerk.

DATE RECEIVED: _____

RECEIVED BY: _____

FORWARD ORIGINALTO: ***City Clerk***

REQUEST NO: _____

RESPOND BY DATE: _____

COMMENTS: _____

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OF PAGES: _____

COST: _____

RESPONSE DATE: _____

OF STAFF: _____

TOTAL TIME: _____