CITY OF MERCER ISLAND, WASHINGTON
REQUEST FOR PUBLIC RECORDS

Submit Request to: City Clerk
Phone: (206) 275-7793
City of Mercer Island Fax: (206) 275-7663
9611 SE 36th Street
Washington 98040-3732

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: ______________________________________

# OF PAGES: __________________
COST: __________________
RESPONSE DATE: ______________
# OF STAFF: __________________
TOTAL TIME: __________________