

CITY OF BURLINGTON REQUEST FOR PUBLIC RECORDS

PLEASE PRINT CLEARLY

Requestor's Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____

Date of Request: _____

RECORDS REQUESTED: Please describe the **SPECIFIC** records you are requesting and any additional information that will help us locate said records (dates, names, etc.). Please indicate which records you wish to have photocopied (**Criminal justice agencies shall be authorized to establish and collect reasonable fees for the dissemination of criminal history record information to agencies and persons other than criminal justice agencies according to RCW 10.97.100**) Depending on the complexity of the request, the City will endeavor to fill requests within 1-5 days.

Records Requested: _____

Is information requested to be used for commercial purposes? (Yes/No) _____

Signature of Requestor

FOR OFFICIAL USE ONLY

DATE REQUEST RECEIVED: _____ **RECEIVED BY:** _____

ACTION ON REQUEST FOR PUBLIC RECORDS MUST BE TAKEN WITHIN FIVE (5) BUSINESS DAYS (SEE R.C.W. 42.17.320)

1. Action Taken:
- Request Granted
 - Acknowledgment
Estimated Response Date Provided (See No. 4)
 - Record Denied (See Nos. 5 & 6)
 - Record Withheld in Part (See Nos. 5 & 6)