



Office of the City Clerk
152 West Cedar Street
Sequim WA 98382
(360) 683-4139 – Office
(360) 681-3448 – Fax
www.ci.sequim.wa.us - Website

REQUEST FOR PUBLIC RECORD

Name: _____

Address: (Street, city & zip) _____

Phone: _____ Business: _____ email: _____

Describe the records you are requesting. Please be as specific as possible to avoid delays in processing your request. I understand that if a list of individuals is provided to me by the City of Sequim, it will not be used to promote the election of an official or to promote or oppose a ballot proposition. It will not be used for commercial purposes or to give or provide access to material to others for commercial purposes. Further, I understand I will be charged **.15 cents per single-sided, 8-1/2 x 11 page**. Other sized copies may be available at a higher cost.

Signature of Requestor

Date

INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY CITY STAFF

Request received by: _____ Date: _____ Time: _____

This request is best processed and given to _____ on _____.

Five-day response rule begins one working date after receipt. Staff assigned to this request must advise the City Clerk on or before day 5 if documents are unable to be produced within five working days.

This request was satisfied/Date _____

This request was not satisfied/Reason _____

This request was denied/Reason _____

Number of pages _____ x \$ _____ = \$ _____ /Amount to be paid for request