

Public Records Request

Address: City Hall, 801 228th Avenue SE Sammamish, Washington 98075 425.295.0500 (Telephone)

Please clearly print the following information				
		Address:		
		Telephone:		
Degrand Degrand	eta. (Dlagga ha guarifia in da	Fax/Email: _		and any additional information that
	nem for you, such as dates)	escribing the rec	ords being requested	and any additional information that
record; 2) acknowledgin request; or 3) denying th locate and assemble the information requested is the City may ask the req	g that the City has received the re e request. Additional time require information requested, to notify the exempt and that a denial should be uestor to clarify what information	quest and providing d to respond to a re ird persons or ager we made as to all or the requestor is see	g a reasonable estimate of quest may be based upon acies affected by the reque part of the request. In ack eking. If the requestor fail	ecords request by either: 1) providing the the time the City will require to respond to the the need to clarify the intent of the request, to st or to determine whether any of the nowledging receipt of a request that is unclear, to clarify the request, the City need not ercial purposes (RCW 42.56.070(9).
Signature		Date		
INT	ERNAL USE ONLY – IN	FORMATION	TO BE COMPLET	ED BY CITY STAFF
Date Received:	Received By:	I	Forwarded to:	Respond By (date)
Comments:		<u> </u>		
Request was satisfied:	□Yes □No Denied for t	he following reas	on:	
Date Completed:	City Repre	esentative:	Time t	o Fulfill Request (n/c)
Number of Copies @	.15¢ per copy:	= \$	Total \$	
Other conies at actual	cost: \$			