



City of Mukilteo Public Records Disclosure Request

11930 Cyrus Way – Mukilteo, WA 98275

Office of the City Clerk 425.263.8005 Fax 425.212.2068

Name: _____ Date: _____

Company/Organization Name (if applicable): _____

Address: _____
Street City/State Zip

Phone: _____ (Daytime) Phone-Other: _____

Property Location (if applicable) _____

Information/Records Requested (Please Be Specific):

CHECK ONE (if applicable): Call me for pick up of requested items Mail the requested items (prepaid fees may be required)

I understand that Washington State Law, RCW 42.17.260 prohibits the release of lists of individuals requested for commercial purposes. I understand that “commercial purposes” means that the person requesting the records intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit expecting activity. I understand that the use for commercial purposes of said records may violate the rights of the individual(s) named therein and may subject me to liability for such commercial use. I understand I will be liable for the same should the information in said records be provided by me to another party for commercial use. With these understandings, I do hereby declare that if the records described herein are disclosed to me, I will not use the lists contained in such records for commercial purposes, nor will I allow or permit others to do so. I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

Signature: _____ Date: _____

Fees: Fees per the current City Fee Schedule Resolution established by City Council may apply to your request.

Processing: Mukilteo Municipal Code 2.84.020 provides that the City shall respond to requests for public records within five (5) working days by either: (1) providing the record; (2) acknowledging receipt of the request and providing a reasonable estimate of when the City can respond; or (3) denying the request and state the reasons for denial (RCW 42.17).

FOR OFFICE USE ONLY

RECEIVED BY: _____
(Staff Name – Please Print)

Request Received via:

In Person Phone Written (fax, email, etc.)

Records Inspection Only – No copies requested

Action Taken:

PROCESSED BY: _____ DATE: _____