



CITY OF OAK HARBOR

Clerk's Office • 865 S.E. Barrington Drive • Oak Harbor, WA 98277
 Phone: 360-279-4539 • Fax: 360-279-4507 • Website: www.oakharbor.org

REQUEST FOR PUBLIC RECORDS

RCW 42.56

SECTION 1: FOR CITY USE ONLY

Date:
Request No.:
Department:
Received by:
Routed to Clerk by:

INSTRUCTIONS:

Employee receiving the request completes **Section 1**, except the request number. Requester completes **Section 2** if made in person. Otherwise employee shall complete it. Attach legal or other explanatory documents. Unless the request can be fulfilled within 5 days from the respective Department, route this form to the Clerk to complete **Section 3**. Employee notifying requester completes **Section 4**.

This completed form is an open public document and may be released by any requester.

SECTION 2: RECORDS REQUEST

Name of Requester:	Phone:	Email address:	
Address:	City:	State:	Zip:
I wish to: <input type="checkbox"/> inspect/review <input type="checkbox"/> receive a copy of the following specific records			Request made: <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by email Attach request

I understand per RCW 42.56.520 the City will respond within 5 business days either by providing the information requested, provide a reasonable estimate as to when the records will be produced, or by denying the request.

I understand Oak Harbor Municipal Code, Chapter 1.14 governs the procedures and charges for public records.

I declare under penalty of perjury under the laws of the State of Washington that the list of individuals obtained through this request for public records will not be used for commercial purposes, RCW 42.56.070.

Note: If an installment of records is not claimed or reviewed WITHIN 30 DAYS of receipt of notice, the City is **NOT** obligated to fulfill the balance of the request. The City must receive payment before releasing records.

Signature: _____ Date: _____

SECTION 3: AGENCY RESPONSE

Records are Subject to Current Fee Schedule

- | | |
|---|---|
| <input type="checkbox"/> Allow Access | <input type="checkbox"/> Number of pages provided _____ |
| <input type="checkbox"/> The requested records do not exist | <input type="checkbox"/> Charges _____ |
| <input type="checkbox"/> Deny Access, see letter and exemption log attached | _____ |
| <input type="checkbox"/> Exemption Log | |

SECTION 4: REQUESTER NOTIFICATION

Name of person notified:	Date:	Time:
<input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by mail <input type="checkbox"/> by email	I made the City's final response as stated.	
Signature: _____		
Routing: <input type="checkbox"/> Original to City Clerk <input type="checkbox"/> Copy to Requester		