



City of Yakima
OFFICE OF THE CITY CLERK
 129 North Second Street
 Yakima, Washington 98901
 Phone (509) 575-6037 · Fax (509) 576-6614

Date Stamp _____

Received by _____

PUBLIC RECORDS REQUEST FORM
RCW CHAPTER 42.56 PUBLIC RECORDS ACT

SECTION 1. Must be completed by the requesting person, business or agency.

Name (Print):	Agency:
Address:	Daytime Phone:
City, State, Zip:	Cell Phone:
Email Address*:	

Record(s) requested: This must describe an identifiable record(s). This form is not intended for general inquiries.

Inclusive Time Period of Record(s): From _____ (MM/DD/YY) through _____ (MM/DD/YY)

Action Requested: Inspection Hard Copy** Electronic transmittal copy (*Email)

****Hardcopy Format** (if applicable): CD DVD Paper

I agree to pay all copy charges pursuant to the City's fee schedule. If I have requested a list of names, I certify that the information obtained through this public disclosure request will not be used for commercial purposes. RCW 42.56.070(9).

Requestor Signature _____ **Date** _____

SECTION 2. To be completed by City Personnel.

- No identifiable records can be located.
- The record you requested is exempt from disclosure by law. *(see reverse)*
- Additional time is necessary to process your request. RCW 42.53.520 *(see reverse)*
- The record was picked up in person by - Signature _____ Date _____
The amount of \$ _____ for _____ copies was paid upon receipt.
- Record(s) have been mailed and \$ _____ has been billed.
- Portions of the record(s) are exempt from disclosure and have been redacted. *(see reverse)*

RCW CHAPTER 42.56 PUBLIC RECORDS ACT

The document(s) you request are exempt and/or portions of the document(s) you requested are redacted for the following reason(s):

1. Residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers and emergency contact information of employee or volunteers of a public agency and the names, dates of birth, residential addresses, residential telephone numbers, personal wireless telephone numbers, personal electronic mail addresses, social security numbers, and emergency contact information of the dependents of employees or volunteers of a public agency that are held by any public agency in personnel records. **RCW 42.56.250(3)**

2. Attorney-client privileged communication(s) and/or attorney work product. **RCW 42.56.070(1); RCW 5.60.060 (2)(a); RCW 42.56.290; CR 26(b)(4).**

3. Personal information in files maintained for employees, appointees or elected officials to the extent disclosure would violate their right to privacy. **RCW 42.56.230(2)**

4. Other _____

In accordance with **RCW 42.56.520** additional time is needed to **clarify the intent of the request, locate and assemble the information requested, notify third persons/agencies affected by the request, and/or determine whether any of the information requested is exempt and that a denial should be made to any or all parts of the request.**

I anticipate (additional) documents, if any, will be related on _____

This is a **partial or installment release. If payment is not received or the records are not claimed, the City is not obligated to fulfill the balance of this request. RCW 42.56.120**

If you have any questions or concerns about your Public Records Act Request, please call the Public Records Officer at (509) 575-6000 or email PublicRecords@YakimaWA.gov

This form was completed for the City of Yakima by _____ on _____
Signature Date

PLEASE NOTE: Local governments are not required to create new documents to comply with the Public Records Act.