



REQUEST FOR PUBLIC RECORDS
RCW 42.56 Public Records Act

City of Algona
200 Washington Blvd.
Algona, WA 98001
(Phone) 253-833-2897
(Fax) 253-939-3366

Name of Requester (Print): _____

Address: _____

Phone Number: _____ Email Address: _____

Action Requested: Inspection* Electronic Copy Paper Copy

*You may choose to request a paper or electronic copy after inspection.

Records Requested (be specific)

Title/Description of Record(s): _____

Date/Timeframe of Record(s): _____

Please provide any additional information that will help us to locate the requested record(s) for you as quickly as possible, including any other person's names, addresses, parcel numbers, etc. associated to the records that you seek:

Relevant information: Local governments are not required to create new documents to comply with the Public Records Act (RCW 42.56). Lists of individuals also cannot be provided for commercial purposes and the City is not authorized to provide them for such purposes (RCW 42. 56.070(8)). By signing below, I certify that I will not use any list of individuals that I receive in response to this request for commercial purposes.

I understand there may be a fee in accordance with Algona Municipal Code (AMC) 2.10.060 that may be charged for copying, reproduction, scanning, and other services implicated in order to produce and transmit copies of the requested records. No fee shall be charged for inspection of records. If materials such as maps, plans, etc., need to be copied by an outside vendor, then I understand that I will pay the actual amount invoiced to the City by the City's vendor. The fee schedule contained in AMC 2.10.060 is accessible through the City's website at <https://algona.municipal.codes/Code/2.10.060>.

Signature: _____ **Date:** _____

Unless otherwise notified, an initial written City response to your request will be provided within five (5) business days. The completed form can be submitted in person, by mail, or drop box at the above address. It can also be e-mailed to danap@algonawa.gov, or faxed to 253-939-3366.

- CITY USE ONLY -

Received By: _____ **Date /Time Received:** _____