



**City of North Bend
Public Records Request Form**

920 SE Cedar Falls Way
North Bend, WA 98045
Phone 425-888-1211
Fax 425-831-6200
Email: Clerks@northbendwa.gov

Note: The City of North Bend will attempt to meet your request as soon as possible within time and availability constraints. If the record(s) is not readily available you will be notified within five (5) working days as to when the record(s) will be available. There may be a charge for the record(s) you are requesting.

Section 1 - To Be Completed by Requestor

Your name: _____ **Phone:** _____

Mailing address: _____

Describe the record(s) you are requesting. Please supply as much identifying information as possible to assist staff in locating the records quickly. *Examples: specific date ranges, document titles, names, addresses, parcel numbers. Use back of form if necessary.*

How do you want the record(s) made available? _____ **Review at City facility:** _____
If available e-mail to: _____ **Copy provided:** _____

I understand Washington State law restricts certain uses of public records, including but not limited to RCW 42.56.070(9) prohibiting using lists of individuals for commercial purposes. I hereby declare under penalty of perjury and the laws of the State of Washington that the requested records shall not be used in violation of State law.

Signature: _____ **Date:** _____

Section 2 - For Internal Use Only

Employee receiving request: _____ Date received: _____

Original forwarded to: _____ **and a copy sent to City Clerk**

Date received by Dept: _____ Initial action taken: _____

By: _____ Date: _____

Final action: _____

Amount due: _____
Date paid: _____
Receipt #: _____
Received by: _____

By: _____ Date: _____

After final action send original request and all documentation to the City Clerk.

