



CITY OF DuPONT

1700 Civic Drive • DuPont, WA 98327
Phone (253) 964-8121 • Fax (253) 964-3554
www.dupontwa.gov

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

DATE OF REQUEST _____

NAME _____ E-MAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

I am requesting the records described below. *(Please provide any additional information that will help us locate the records. Use appropriate document title and date, if known. Please print clearly.)*

Within five (5) business days after receiving a request, this agency will either:

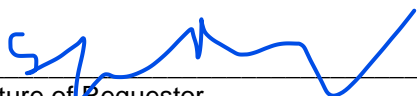
1. Provide the record (s);
2. Acknowledge your request and give you a reasonable estimate of how long it will take to respond;
3. Deny your request in writing, with reasons for denial. The City will tell you the specific exemption or other law it relies upon for the denial.

Lists for Commercial Purposes

Washington State law, RCW 42.56.070(9), prohibits the City from providing access to lists of individuals requested for commercial purposes. "Commercial purposes" means that the requestor requesting such information from the public records of the City intends to use the information to contact or in some way personally affect the individuals identified on the list and when the purpose of the contact would be to facilitate the requestor's commercial activities.

I hereby declare, under penalty of perjury under the laws of the State of Washington, that the list of individuals I have requested from the City of DuPont under this request for public records will not be used for commercial purposes.

Signed at _____, Washington, this _____ day of _____, _____.



Signature of Requestor

☐ Phone ☐ Verbal

Record Ready for Pickup/Review/Purchase at City Hall []

[] Record Withheld in Part. Response letter sent _____

Receipt # _____

[illegible]